A significant step forward in dementia care is achieved when carers, both professional and unpaid, are provided with psychological support (Teasdale et al, 2001; Brodaty et al, 2003).

This is the rationale behind Dementia UK’s Admiral nursing programme, in which highly qualified mental health nurses — Admiral nurses — work extensively within and outside the NHS, delivering support to professional carers in primary and acute care, personnel in care homes, and unpaid carers in the domestic setting.

Having acknowledged the benefits of this support in various avenues of care, including community nursing, the Good Care Group became eager to provide this support to its professional live-in carers and to the families of those individuals for whom dementia care in the home is provided. (The Good Care Group is an award-winner provider of home care services, enabling older people to remain safely and happily in their own homes and communities by offering live-in care and support for them around the clock; http://www.thegoodcaregroup.com/)

‘... a growing appreciation in general practice of how useful a mental health nurse’s input can be in assisting the delivery of care around conditions which are secondary to dementia itself is welcome to those working in the community’

As a result, a new partnership was formed between the Good Care Group and Dementia UK, enabling the company to become the first home care organisation to add a layer of psychological support for those caring for people with cognitive impairment.

Admiral nurses are appointed by the Good Care Group under the guidance of Dementia UK to assist the group’s professional carers to look after individuals with dementia on a day-to-day basis. When transitional stages in the condition are experienced, they also help carers and affected families through the changes.

Community nurses are under extensive and growing pressure daily (Royal College of Nursing [RCN], 2012). Visits to and caring for individuals with dementia can add to community nurses’ stress levels due to the simultaneous demands of these individuals and those looking after them.

In the authors’ experience, a growing appreciation in general practice of how useful a mental health nurse’s input can be in assisting the delivery of care around conditions which are secondary to dementia itself is welcome to those working in the community. Admiral nurses can assess a particular context of care and reassure and advise carers on the way forward, with detailed care planning following identification of issues through the Admiral Nursing Needs Assessment tool (Dening, 2009). Their expertise may also be accessed by a community nursing team in an ongoing programme of care.

For example, in the authors’ clinical experience, some doctors in primary care use Admiral nurses’ skills particularly effectively by enlisting their help to monitor and address the needs of those looking after the person with dementia right from the point of diagnosis. They can subsequently and unobtrusively...
provide psychological and emotional support as required. GPs and community nurses can direct families to the service an Admiral nurse offers, either directly or through local memory services. Local memory services or memory clinics are NHS-based services incorporating a variety of healthcare professionals, including consultant psychiatrists, psychologists, mental health nurses and occupational therapists. General practices can also run clinics for families of individuals with dementia, subject to the availability of a local Admiral nurse and the host organisation’s arrangements.

The involvement of Admiral nurses in primary care can prevent crises in dementia care pathways, through effective assessment, education, psychological support and liaison with other service providers working pro-actively rather than reactively. This, in turn, reduces the number of call-outs for GPs, nurses and other healthcare officials, while also cutting back on potential unnecessary or unwarranted prescribing of medications for individuals with dementia and those looking after them. If the individual with dementia is better understood, he or she is likely to present fewer behavioural problems and, if antipsychotic drugs have been prescribed, these may be reduced or completely avoided (Thompson, 2009). In addition, if the care pathway is smooth, the health of the carer is less at risk (Hoe and Thompson, 2010).

In some instances, a community and Admiral nurse may share visits to the home of an individual with dementia, with the latter supporting both the healthcare professional and the family of the patient in order to achieve an improved clinical outcome. For example, Admiral nurses can advise professional carers and families in the delivery of a care plan. If an individual has vascular dementia there will be particular focus on minimising strokes, on blood pressure and cholesterol monitoring, diet, alcohol consumption and smoking.

From their specialist knowledge, they can also help GPs communicate more effectively on dementia issues with families of individuals with the condition, and can advise professional carers and family members on how to optimise GP visits. For example, if the person with dementia is exhibiting a new behavioural pattern, Admiral nurses can provide those looking after them with a checklist of points to prompt notes to take to the doctor to ensure that the best use is made of the visit. Such an approach can also help GPs to determine whether the change in behaviour is attributable to the dementia process, or is stemming from another source, such as a urinary tract infection.

... a route to appropriate wrap-around care needs to be planned and implemented for the wellbeing of those with dementia and their carers, and for reducing the strain on the overall healthcare budget

When the individual with dementia has other conditions requiring intervention, input from Admiral nurses can be of considerable advantage. By standing back from the point of care, they can analyse the emotional needs of all those looking after the person with dementia and deliver a clear message to a professional carer, family members, a community nurse, a specialist nurse practitioner, and a GP. This introduces a uniformity of understanding of what the care team is undergoing, which immediately benefits not only the team, but also the patient.

PROSPECT OF CHALLENGING CARE PROVISION

The UK, facing a significant average age rise in the population and an increasing number of individuals with dementia, has acknowledged the prospect of challenging care provision (Department of Health [DH], 2013). Although the strategy for tackling this is unclear, the cost-effective argument of rolling out mental health and psychological support for staff throughout healthcare structures, including those of community nursing, care homes and live-in care provision, is compelling (Harrison Dening, 2010; Hurtley, 2010).

In the authors’ experience, integrated, proactive positive approaches to dementia care can reduce potential crisis or unnecessary hospital admission, and reduce wasteful expense on trying to fix the problem belatedly. Currently, funding incentives and targets for dementia in general practice are minimal compared to physical health conditions. Ideally, from the point of diagnosis of dementia, a route to appropriate wrap-around care needs to be planned and implemented for the wellbeing of those with dementia and their carers, and for reducing the strain on the overall healthcare budget.

The perception of many healthcare professionals and the public generally about dementia needs to be changed, in the authors’ clinical opinion. Indeed, a huge shift in attitudes is required, so that dementia as a condition is more fully understood and the patterns of behaviour exhibited by a person who is cognitively impaired are recognised and responded to appropriately. Fortunately, one significant shift is dementia gradually being moved away from mental health and repositioned into neurology. This can only help towards reducing stigma around historical contexts and attitudes on dementia.

Diagnosis of dementia should not be accompanied by phrases such as ‘I’m sorry to tell you that there is no treatment.’ Instead, it should be pointed out that if the right support is put in place, an individual with dementia can live contented and well, even to the end of life.

A family may feel that a diagnosis of dementia for a loved one is a ‘life sentence’, with ramifications for all those close to the person with the condition. Contrary to this, dementia should be viewed as a ‘normal’ part of the ageing process. Some family members at the point of diagnosis will enter a phase of shock, and may, for example, believe that holidays or other meaningful future planning with the loved one will no longer be
possible. They need rapid reassurance that dementia, for most, is a gradually worsening illness, that normal activities need to be continued for as long as possible, and that planning for the future needs to be carefully thought out and not rushed. In due course, advice may be necessary on the claiming of benefits and the putting in place of a power of attorney arrangement.

Relationships within the family surrounding the person with dementia can be fraught, and the professional carer should be equipped to reduce stress that threatens harmony within the family and, as a result, the calmness and wellbeing of the individual with the condition. Input from Admiral nurses can assist professional carers in understanding the dynamics of family relationships and how these may change as transitional stages of dementia progress.

**CORE PRINCIPLES RETAINED**

The Admiral nurse initiative was started over 20 years ago by the national charity Dementia UK, and, while the role of Admiral nurses has evolved, the core principles have been retained (http://www.dementiauk.org/about-us/). The reach has steadily expanded beyond the NHS into care homes run by large and small organisations, and various charities.

Admiral nurse posts are generally funded by the organisations in which they work. The posts may attract some initial pump prime funding directly from Dementia UK.

Currently there are just over 100 Admiral nurses working in the UK, and in recent years there has been a growth in the number of posts in private care homes and in primary health care.

Within Admiral nursing at Dementia UK is Admiral Nursing DIRECT. This is a national telephone helpline and email service manned solely by Admiral nurses, which is used by families including family members in an unpaid caring role, professional carers, people with dementia, those worried about their memory, and healthcare professionals, including community nurses and GPs.

If an Admiral nurse can talk to the family of the person with dementia soon after initial diagnosis, foundations for future communication can be usefully put in place. They can then follow-up with help in planning how to meet the challenges of progressive dementia and reduce the risk of crisis.

Admiral nurses help to ensure carers look after themselves for their own wellbeing, so that they can maintain their caring role. They also provide invaluable advice when a significant change in care is imminent.

To become an Admiral nurse, an individual has to be a registered mental health nurse and to have completed post-registration career development through working with older adults in a dementia care context, either in a specific establishment or in the community. A comprehensive understanding of dementia is expected (http://www.dementiauk.org/what-we-do/admiral-nurses/).

Admiral nurses attend monthly peer group practice development and clinical supervision meetings, which are supported by Dementia UK and allow in-post experience to be reviewed and discussed. These meetings also consider:
- New evidence from research
- Improvements of effective intervention skills, such as cognitive stimulus therapy
- Latest thinking on communication skills
- Developments in dementia care.

Being experienced mental health nurses, Admiral nurses have an understanding of the psychological impact that dementia often has on a family. Alongside this, they display a passion for dementia care, are vocal, and ‘knowingly charismatic’, and may be appropriately challenging. Honesty in communication within the role is essential to tackle difficult subjects in a structured and careful way.

In 2010, the Admiral Nurse Academy was launched as a web-based virtual resource designed to assist Admiral nurses in their clinical and academic development. A portal is in place for sharing information and the academy team support practice development needs nationwide.

Through the Admiral Nurse Academy and feedback from Admiral nurses in placement, Dementia UK is constantly looking five years ahead at how the Admiral nurse model may be further enhanced for application both within and outside the NHS.

**OPPORTUNISTIC DEVELOPMENT**

The partnership between the Good Care Group and Dementia UK is an opportunistic development for the two organisations. They both recognised a gap in the care structure that would benefit from Admiral nurse involvement, and saw the merit of Admiral nursing input into the private home care setting.

Working together, they have developed care structures to improve care offerings, as well as the content for workshops and seminars for clients and their families, and for professional carers.

The Good Care Company recognised that while it has high calibre carers, managers and advisors on care delivery, its focus in dementia care has been so heavily weighted towards the person with the condition that its professional carers and the family of the person with dementia have not had access to, nor received the psychological or emotional support they both need and deserve.

In developing its service in dementia care, the company has profiled the emotional burden that its professional carers may experience while working alone in a home care setting. Although they have made it easy for carers to access their line managers and colleagues, the company acknowledged that further support may still be needed. Having an Admiral nurse on the team allows professional carers to seek advice
about how they are dealing with their intensive role. Additionally, if it becomes apparent that a particular carer is under undue stress, Admiral nurses can actively provide specific mentoring, coaching and support.

From its foundation, the company has ensured that its professional carers have felt part of a cohesive team and that they are working for an organisation which cares about them as well as its clients. The appointment of an Admiral nurse builds on this philosophy — an approach that has won important acclaim in the homecare field (http://www.laingbuisson.co.uk/Events/IndependentSpecialistCareAwards/2013Winners.aspx).

Additionally, Admiral nurses within the Good Care Group offer important consultancy to the company’s management team, including:

- Assimilation of findings of research into dementia care
- Advice on carer training developments
- Strategic planning to further improve the psychological support for professional carers and the families involved in their work.

NEW WORKING ASPECT

Supporting professional carers in homecare settings is a new working aspect for Admiral nurses. However, adapting to this is seen as straightforward, building on the experience gained through assisting other professionals throughout the healthcare sector.

The Good Care Group’s Admiral nurses have ongoing involvement in the Group’s training programme and support on-line training and webinar activities. An email ‘helpline’ through which professional carers can ask Admiral nurses specific questions and discuss issues with which they are dealing is being considered.

It is thought by the authors that combining the Good Care Group’s use of SPECAL (Specialized Early Care for Alzheimer’s) and Admiral nurses’ expertise should take the care of individuals with advancing dementia to a new level of effectiveness. SPECAL, pioneered by the Contented Dementia Trust, involves focusing on memories that the person with dementia has still well stored and using them to ‘build a bridge’ to the present day, thus helping the family and the professional carer stay connected to the individual (Elkins, 2011).

The Good Care Group and Dementia UK share a commitment to identify and utilise research which points to the best way of caring for individuals with dementia and their families. Admiral nurses, appointed by the Group, will necessarily have a sound understanding of research methods and how results are presented, and will contribute to the collation of relevant research data.

CONCLUSION

To optimise care of the individual with dementia, the psychological needs not only of the person but also of those surrounding the person — professional carers, family carers and other family members, and healthcare professionals — need to be met. When they are, the person with dementia is more likely to stay in a state of beneficial contented equilibrium, and those supporting the person are better able to maintain the best possible level of care (Quinn et al, 2012).

REFERENCES


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KEY POINTS

- Visits to and caring for individuals with dementia can add to community nurses’ stress levels due to the simultaneous demands of these individuals and those looking after them.

- Having an Admiral nurse on the team allows professional carers to seek advice about how they are dealing with their intensive role.

- One significant shift is dementia gradually being moved away from mental health and repositioned into neurology.

- To optimise care of the individual with dementia, the psychological needs not only of the person but also of those surrounding the person, need to be met.