Your guide to dementia services in Richmond
May 2014
Foreword
People who have concerns about dementia, including their relatives and carers, often see their GP as the first port of call when seeking advice about various aspects of dementia care. Issues that arise are rarely solved by medical school knowledge alone. They are often complex and require a holistic approach. This guide will assist in navigating the range of agencies involved in dementia care and bring clarity to the process, not just for patients and carers but also for their GP.

This guide is a very helpful tool in exploring who is involved, what their responsibilities are and what help they can offer a person with dementia. It is simple to use for patients and carers and a great resource for GPs to signpost, so that everyone gets the support they need as easily and as quickly as possible.

Dr Stavroula Lees
GP Mental Health Lead, Richmond Clinical Commissioning Group

Increased publicity around dementia and the impact of the National Dementia Strategy (2009) has played a large part in increasing public awareness. In Richmond, we have formed a joint Older People’s Mental Health Strategy Group where all the stakeholders in dementia care sit across the table together, which has resulted in a holistic strategy and improved care in the community.

This Guide is probably one of the most useful publications you will need to understand dementia, the impact of a diagnosis and the network of local dementia services available in the community, from one resource. It is as much a helpful reference guide to someone who has just been diagnosed with dementia or their carer, as it is to social care professionals. It has proven to be very useful, popular and successful, since it’s first publication two years ago. The Alzheimer’s Society been commissioned by Richmond Joint Commissioning Collaborative to update this guide on behalf of all the organisations providing services in the borough of Richmond

Dr Malar Baheerathan
Consultant Psychogeriatrician, Teddington, Twickenham and Hampton Community Mental Health Team for Older People

I am grateful to the Joint Commissioning Collaborative for asking the Alzheimer’s Society to produce this resource. For many years the Richmond CMHT has enjoyed and continues to enjoy collaboration with the Society, and greatly values its contribution to the local dementia care provision through information, education and practical support. I am sure this resource will be of great interest and practical use to our service users and their carers, and can only praise the work and dedication that has gone into preparing it. I commend in particular the clarity of service signposting and the use of un-complicated and accessible language to reach out to a wide client-based and multidisciplinary local audience.

Dr Robert M Lawrence
Consultant in Psychiatry of Old Age & Neuropsychiatry Richmond Community Mental Health Team for Older People
1 Introduction

This guide provides information about dementia, how to live well with dementia, and the possible effects on people, their carers, families and friends and the treatments, support and services that are available. It outlines support services that are available to people living within the London Borough of Richmond-upon-Thames who are concerned about their memory and people who have been diagnosed with any type of dementia, their carers and family.

Dementia affects people in different ways. It can be very bewildering and even frightening for someone when they notice changes in their ability to look after themselves and it can be difficult to know when and who to ask for help.

If you, or someone close to you, have recently been diagnosed with dementia, you might be feeling angry, worried, fearful, sad, embarrassed, lonely, guilty or even relieved. Everyone is different, but all these reactions are possible at different times and they are all normal. How you feel will probably vary from one day to the next.

It can also have a big impact on family and friends. It can be equally difficult for someone to understand how they may help and support their friend or family member who has dementia.

Dementia does not automatically mean that you cannot continue with all your daily activities. A person experiencing dementia may need more help and support. Helping someone to retain some control over their life in order that they can continue to fulfill their needs is essential.

In February 2009, the Department of Health launched the National Dementia Strategy, which sets out 17 recommendations aimed at increasing awareness of dementia, ensure early diagnosis and intervention and improve the quality of care for people with dementia and their families and carers. It also includes the employment of Dementia Advisers, so that each person with dementia and their carer can have a named contact for information on local services. It calls for the development of local memory services for people presenting with dementia symptoms to receive specialist assessment, early diagnosis and appropriate intervention.

Support is available, but it is important not to wait until crisis or breaking point before seeking help. The more you know about dementia earlier on, the more you can take control and make decisions about how you live your life now and in the future.

If you’d like to talk about the information in this guide, please phone Alzheimer’s Society’s National Dementia Helpline on 0300 222 1122. The guide also refers you to a wide variety of factsheets, produced by the Alzheimer’s Society, which can be downloaded from alzheimers.org.uk/factsheets or ordered through the local office.

This guide has been produced by Alzheimer’s Society’s SW London Office (T: 020 8877 0033) in association with the Joint Commissioning Collaborative Richmond Clinical Commissioning Group and Richmond Council.
Key points: About dementia

The word “dementia” describes a group of symptoms that may include memory loss, difficulties with planning, problem-solving or language, and sometimes changes in mood or behavior. Dementia occurs when the brain is affected by a disease. It’s not a normal part of ageing.

Dementia affects everyone differently and can cause a wide range of symptoms. These can include problems with memory, thinking, concentration and language. People may become confused or struggle with how they perceive things. Dementia can also cause changes in mood or emotions and affect how someone behaves.

Dementia is progressive, which means that symptoms get worse over time. However, many people with dementia lead active and fulfilling lives for many years.

Various factors increase the risk of someone developing dementia. Ageing, genes, health and lifestyle all play a part.

It’s important to know that you aren’t alone – about 800,000 people in the UK have dementia. Most people with dementia are over 65 years of age and the chance of developing dementia increases significantly with age. One in fourteen people over 65, and one in six people over 80, have dementia. It is more common among women than men. However, dementia does also affect younger people. Over 17,000 younger people (under the age of 65) in the UK have dementia. This is called early-onset or young-onset dementia.

What are the symptoms?

Many people fear they have dementia, particularly if they think that their memory is getting worse or if they have known someone who has had the illness. Becoming forgetful does not necessarily mean that you have dementia. If you are worried about yourself, or someone close to you, it is worth discussing your concerns with your GP.

Dementia affects everyone in different ways, but you should seek help if your memory is not as good as it used to be.
Everyone experiences dementia in their own way. Different types of dementia can also affect people differently. However, there are some common symptoms:

**Memory loss:**
- Problems recalling things that happened recently (although some people easily remember things from a long time ago)
- Repeating themselves (such as asking the same question over and over).

**Difficulty thinking things through and planning:**
- Problems concentrating, following a series of steps, grasping new ideas or solving problems
- Struggling with familiar daily tasks, such as following a recipe or using a debit or credit card.

**Problems communicating:**
- Difficulty finding the right word
- Struggling to follow a conversation or misinterpreting things.

**Being confused about time or place:**
- Losing track of what time, date or season it is
- Not knowing where they are, even in a place they know well.

**Sight and visual difficulties:**
- Difficulty judging distances (e.g., on stairs)
- Misinterpreting patterns or reflections in mirrors.

**Mood changes or difficulties controlling emotions:**
- Becoming unusually sad, frightened, angry or easily upset
- Losing interest in things and becoming withdrawn
- Lacking self-confidence.

**Changes over time**
Dementia is generally progressive, which means that symptoms gradually get worse over time. How quickly it progresses varies greatly from person to person. Many people with dementia maintain their independence for many years.

In the middle and later stages of dementia, people will need more and more support with daily activities like cooking or personal care such as washing and dressing. Dementia does shorten life expectancy, although some people live with it for many years.

At all stages there will be ways to make life better. To find out more, see Section 6: Living well on page 45; Section 7: Community support services for people with dementia on page 53 and Section 8: Support for carers on page 70.

**What are the causes?**
Dementia is caused by physical changes in the brain. As dementia progresses, the structure and chemistry of the brain changes, leading to damage and gradual death of brain cells.

Damage to different parts of the brain will have different effects. For example, in one area it might affect short-term memory, while in another it might affect a person’s ability to organise things.

**Why do some people get dementia?**
Scientists are still researching why some people get dementia while others don’t. Most now believe it depends on a combination of age, genes, health and lifestyle.

For more information, see factsheet 450, Am I at risk of developing dementia?

**Types of dementia**
There are many known types of dementia. Around 95 per cent of people with a diagnosis will have one of the four main types – Alzheimer’s disease, vascular dementia, mixed dementia, dementia with Lewy bodies or frontotemporal dementia – all described on the following pages.

Alzheimer’s disease is the most common type, followed by vascular dementia. To find out about rarer causes of dementia, and a related condition known as mild cognitive impairment, see page 14.

For more information, see factsheet 400, What is dementia?

**Alzheimer’s disease**
**Inside the brain**
Abnormal material called ‘plaques’ and ‘tangles’ builds up in the brain. This disrupts how nerve cells work and communicate with each other, and the affected nerve cells eventually die.
There is also a shortage of some important chemicals in the brain when someone has Alzheimer’s disease. Reduced levels of these chemicals mean messages don’t travel around the brain as well as they should.

**Early symptoms**

Alzheimer’s disease usually begins gradually with mild memory loss. This is because the first changes in the brain are often in the part that controls memory and learning. A person with Alzheimer’s disease might forget people’s names or where they have put things. They might also have problems with language, such as finding the right word for something.

Other early symptoms include feeling confused or finding it hard to follow what is being said. Some everyday activities might seem challenging, for example, someone might get muddled checking change at the shops. Some people also become more withdrawn and experience mood swings.

For more information, see factsheet 401, What is Alzheimer’s disease?

**Vascular dementia**

**Inside the brain**

The word ‘vascular’ relates to blood vessels. Vascular dementia results from problems with the blood supply to the brain – without enough blood, brain cells can die.

There are several types of vascular dementia. One type is caused by stroke (called stroke-related dementia). Another is caused by poor blood supply to deep parts of the brain (called subcortical vascular dementia).

Strokes happen when a blood clot blocks the flow of blood to part of the brain, or when a blood vessel bursts in the brain. Vascular dementia sometimes follows a large stroke. More often though, it comes after a number of small strokes (called multi-infarct dementia).

Subcortical vascular dementia – when there is poor blood flow to the deep parts of the brain – is often due to narrowing of the arteries supplying the brain.

**Early symptoms**

If someone has had a large stroke, symptoms of vascular dementia can begin suddenly. Symptoms can then remain stable or even get a little bit better over time in the early stages. If the person has another stroke, these symptoms might get worse again.

If someone has a series of small strokes, their symptoms may remain stable for a while and then get worse in stages (rather than have a gradual decline). With subcortical vascular dementia, symptoms may get worse gradually or in stages.

The symptoms of vascular dementia will depend on which part of the brain has been damaged. Some people might have physical weakness on one side due to a stroke. Other changes include difficulty thinking quickly or concentrating and there might be short periods when they get very confused. Some people might also become depressed or anxious. Memory loss isn’t always a common early symptom.

For more information see factsheet 402, What is vascular dementia?

**Mixed dementia**

It’s possible for someone to have more than one form of dementia – called mixed dementia. The most common combination is Alzheimer’s disease with vascular dementia. It’s also possible to have a combination of Alzheimer’s disease and dementia with Lewy bodies.

**Dementia with Lewy bodies**

**Inside the brain**

This form of dementia gets its name from tiny abnormal structures called Lewy bodies that develop inside brain cells. Similar to the plaques and tangles of Alzheimer’s disease, these structures disrupt the way the brain functions, reducing levels of chemical messengers and causing cells to die.

Lewy bodies are also found in people with Parkinson’s disease. One third of people who have Parkinson’s disease eventually develop dementia (called Parkinson’s disease dementia).

**Early symptoms**

People who have dementia with Lewy bodies might find it hard to remain alert and have difficulties planning ahead, reasoning and solving problems. These symptoms typically vary a lot from one day to the next.

People might have problems with how they see things. For example, it might be hard to judge distances or they might mistake one object for another.

For more information see factsheet 403, What is dementia with Lewy bodies?
Many people see things that aren’t really there (visual hallucinations). Disturbed sleep patterns are also common.

However, if someone has dementia with Lewy bodies, their memory will often be affected less than someone with Alzheimer’s disease.

Many people with dementia with Lewy bodies also develop symptoms like those in Parkinson’s disease, including shaking (especially in the hands), stiffness and difficulty moving around.

For more information, see factsheet 403, What is dementia with Lewy bodies (DLB)?

Frontotemporal dementia

Inside the brain

The term frontotemporal dementia covers a range of conditions. It was originally called Pick’s disease and this term is sometimes still used. Frontotemporal dementia mostly affects people in their 40s, 50s and 60s (younger than most people who get Alzheimer’s disease or vascular dementia). It’s caused by damage to areas of the brain called the frontal and temporal lobes. These areas control behaviour, emotional responses and language skills.

In most cases, abnormal proteins collect within brain cells in these lobes and cause the cells to die. Important chemicals that carry messages around the brain are also affected.

Early symptoms

There are three different forms of frontotemporal dementia – behavioural variant, semantic dementia and progressive non-fluent aphasia.

With behavioural variant frontotemporal dementia, changes in personality or behaviour are often noticed first. The person might seem withdrawn or not to care as much about other people. They might make socially inappropriate remarks. They may also become obsessive or impulsive, for example developing fads for unusual foods.

When someone has semantic dementia their speech is usually fluent but they lose the meaning or understanding of some words. Language is also affected in progressive non-fluent aphasia. Speech is often slow and requires a lot of effort.

People in the early stages of frontotemporal dementia often don’t experience day-to-day memory loss.

For more information, see factsheet 404, What is frontotemporal dementia?

Dementia in younger people (early-onset dementia)

More than 17,000 people in the UK now living with dementia were diagnosed before they reached the age of 65. The terms ‘early-onset dementia’, ‘young-onset dementia’ and ‘working age dementia’ are used to describe their diagnosis.

People under 65 can develop any type of dementia. However, they are more likely than older people to have a less common type, such as frontotemporal dementia or another dementia with a genetic cause. Only a third of younger people with dementia have Alzheimer’s disease.

If you have been diagnosed with dementia and are in your 40s, 50s or early 60s, you will have very different interests, care and support needs from someone diagnosed in their 80s or 90s. For example, younger people are more likely to be working (or have a partner who is), have dependent children or possibly dependent parents, and still have a mortgage. Services for people with dementia have often been developed around the needs of older people, and in some cases access is restricted to those over 65. Even where a service is open to younger people, the type of care and support provided may not always be appropriate or flexible enough to meet individual needs.

In Richmond, Alzheimer’s Society are working with the Borough to provide more services for younger people with dementia, details of this project are in Section 7: Community support services for people with dementia on p53.

For more information, see factsheet 440, Younger people with dementia

Rarer causes of dementia

A wide range of other conditions can lead to dementia. These are rare, and together account for only about five per cent of all people with dementia. However, they are more common in younger people with dementia.

These diseases include Corticobasal degeneration, Creutzfeldt-Jakob disease, HIV-related cognitive impairment, Huntington’s disease, alcohol-related brain damage and Korsakoff’s syndrome, multiple sclerosis, Niemann-Pick disease type C, normal pressure hydrocephalus, and progressive supranuclear palsy.

For more information, see factsheet 442, Rarer causes of dementia
**Mild cognitive impairment**

Some people are diagnosed with mild cognitive impairment (MCI) if they have problems with their memory, thinking, language or the way they see and interpret things (visuospatial skills), but these aren’t severe enough to be dementia. People with MCI have an increased risk of developing dementia, but some don’t develop dementia and a few will even get better.

*For more information, see factsheet 470, Mild cognitive impairment*

**Risk factors**

Researchers have highlighted some important factors that affect a person’s risk of developing dementia. Most now believe that developing dementia depends on a combination of genetic and environmental factors. A person who has some of the risk factors for dementia will not necessarily go on to develop the condition, and avoiding risk factors does not guarantee that you will be healthy - although it does make it more likely. Dementia can affect men and women.

---

**Age**

Age is the most significant known risk factor for dementia. It is possible to develop dementia early in life, but the chances of developing it increase significantly as a person gets older. After the age of 65, the risk of developing Alzheimer’s disease doubles approximately every five years.

It is estimated that dementia affects one in 14 people over the age of 65 and one in six over the age of 80. This increased risk may be due to factors associated with ageing, such as higher blood pressure in mid-life, an increased incidence of some diseases, for example heart disease and stroke, the weakening of the body’s natural repair systems, and changes in the immune system.

**Genetics**

The role of genetics in the development of dementia is still not fully understood, but researchers have made some important advances in recent years. There are some families in which there seems to be a very clear inheritance of dementia from one generation to the next. This is usually in families where the disease appears relatively early in life.

Certain genes can affect a person’s risk of developing Alzheimer’s disease but having a parent or other relative with later onset Alzheimer’s disease only makes your own chances of developing it a little higher than if there were no cases of dementia in the family at all.

**Medical history**

Specific medical conditions can increase a person’s chances of developing dementia. These include Multiple Sclerosis, Huntington’s disease and HIV. Conditions that affect the heart, arteries or blood circulation can particularly affect a person’s chances of developing vascular dementia. Mid-life obesity can also increase a person’s risk of developing dementia in later life. People who suffer severe or repeated head injuries are at a three- to-four-fold increased risk of developing dementia.

People who have learning disabilities have a higher risk of developing dementia than the general population. At present, we do not know why this is and further research is needed. Genetic factors may be involved, or a particular type of brain damage associated with a learning disability may be implicated.
People with Down’s Syndrome are at particular risk of developing dementia. Studies have also shown that virtually all people with Down’s Syndrome develop the plaques and tangles in the brain associated with Alzheimer’s disease, although not all develop the symptoms. The reason for this has not been fully explained. However, research has shown that amyloid protein found in these plaques and tangles is linked to a gene on chromosome 21. People with Down’s syndrome have an extra copy of chromosome 21, which may explain their increased risk.

In Richmond, the joint learning disabilities social work and clinical team provides multi-disciplinary dementia assessments and intervention/support which includes post-diagnostic support. The team also provides a proactive dementia screening programme for people with Down’s syndrome over the age of 30, as recommended in national policy guidance.

Your Healthcare and Richmond Social Services are responsible for providing services for people with learning disabilities and dementia (see Section 12: Guide to Social Care Professionals on p102)

T 020 8487 5315

Environment and lifestyle factors

- Diet can affect a person’s risk of developing many types of illness, including dementia. A healthy and balanced diet that enables a person to maintain a normal body weight is likely to reduce the likelihood of developing high blood pressure or heart illness, both of which put a person at greater risk of developing dementia.
- Smoking has an extremely harmful effect on the heart, lungs and vascular system, including the blood vessels in the brain. This increases the risk of developing vascular dementia.
- Alcohol – people who drink excessive amounts of alcohol over a long period of time increase their risk of developing a form of dementia called Korsakoff’s syndrome.
- Physical exercise and good level of physical health helps to protect against many conditions, including dementia.
Why is getting a diagnosis important?
There are a number of reasons why it helps to start the process, see your GP and get an early diagnosis of dementia, including:

- Rule out other conditions that may have symptoms similar to dementia and that may be treatable
- Rule out other possible causes of confusion
- Early access to medication where appropriate
- Access to support services, such as Dementia Support Workers/Dementia Advisers, Support groups, social activities, etc.
- Access to benefits such as Attendance Allowance, Reduction in Council Tax payments etc.
- Ability to put Lasting Power of Attorney in place if not already done so
- The ability to make decisions and inform others of their wishes for the future.
- Allow the person to plan and make arrangements for the future. As drugs for treating different conditions become available, it is becoming increasingly important to identify which type of dementia the person has. Research is opening up new possibilities all the time that there are types of dementia for which drugs are not yet licensed.
- Reassurance in knowing what is happening and to seek accurate information and support. If dementia is diagnosed, the person with dementia and their family or carers will be given information about the condition and about the range of local services, which can help to meet their needs. It is at this point that the person with dementia may also be referred to their local Dementia Adviser who will support them through their journey with dementia by being a named contact for them to reach and discuss issues.

Diagnosis and Prevention
Ensuring people with dementia are given a timely diagnosis is key to the National Dementia Strategy. To improve both prevention and diagnosis of dementia, all patients aged over 65 years attending a Health Check at a pharmacy or at an outreach event are being given dementia awareness, signposting and advice. When a person aged 65 or above attends for a Health Check, the GP or Pharmacist will discuss awareness of dementia and guide them through a dementia leaflet developed by the Department of Health, which although specifically related to vascular dementia, advises the patient about symptoms and ways of reducing their risk by adopting a healthy lifestyle.

How is a diagnosis made?
Making a diagnosis of dementia is often difficult, particularly in the early stages. The time it takes to make a diagnosis can vary. Richmond CCG launched its Commitment to Excellence in Dementia Care in April 2014 which defines a care pathway to enable people to live well with dementia. The four steps below outline the process of getting a diagnosis in Richmond Borough. More information is available in Section 7: Community Support Services for people with dementia on page 53.

Step 1: Assessment by a GP
If you are concerned that you, or someone close to you, may have dementia, the first person to consult is the GP. They will spend some time talking to you and (if you are accompanying someone) the person you are concerned about, to try to establish some of the symptoms. The GP will look your medical history and that of other family members. They will carry out a physical examination and may perform a number of tests, such as blood and urine tests, to identify other conditions that may be causing confusion. In Richmond, GP’s are required to do blood tests as part of their initial assessment to pick up other causes of cognitive decline. The GP will also ask a series of questions designed to test thinking and memory.

At the end of the assessment, your GP should communicate their findings and discuss what action needs to be taken. In some cases they may want to refer the person to a Memory Clinic or other specialist service for a fuller assessment and diagnosis.

Referrals to the Memory Clinic should be made within 3 working days once they have completed their initial tests. Dementia diagnosis can only be given following an assessment at the Memory Clinic. If the person presenting with dementia-like symptoms is under 65, the GP may sometimes refer to a neurologist instead.
Step 2: Referral to a specialist

Referrals to the Memory Service are through the GP.

A consultant will have more specialised knowledge and experience of dementia than the GP.

The Memory Service provides a comprehensive assessment of memory symptoms. In the first instance people will be seen either by the Consultant in Old Age Psychiatry or the Specialist Memory Nurse and will have access to more specialised investigations, such as brain scans and memory testing.

The Memory Service works closely with the Community Mental Health Team (CMHT) and Alzheimer’s Society Dementia Advisers to ensure that people diagnosed with dementia receive the most appropriate and helpful follow up.

There are two memory assessment clinics serving different parts of Richmond Borough.

Teddington Health and Social Care Centre 18 Queens Road, Teddington, TW11 0LR
T: 020 8614 5400

Barnes Hospital South Worple Way, Barnes, SW14 8SU
T: 020 3513 3663

If you feel that a referral would be helpful and the GP does not suggest it, do press for it. You are entitled to ask for a referral to a memory clinic or other specialist service for a second opinion or for support, and access to services that the referral may give.

Step 3: Assessment

When you are referred to the Memory Service, you will be seen within 14 days and should receive a diagnosis within 28 days. A formal diagnosis of dementia can take up to 8 weeks. People are very welcome to bring a family member or a close friend to the appointment (this can be very helpful).

Assessment may take place in the home, in an outpatients department, in a day centre over several weeks or, very occasionally, as a hospital inpatient. The specialist will carry out their assessment through:

The assessment will include:

- Analysis of background information - likely to include time talking to the person being diagnosed and those close to them, to include taking a history and relevant information about you, including from your family / friend / carer.
- Physical examinations and tests - will be undertaken if they have not already been carried out by the GP.
- Memory assessment (a Mental State examination) – you may see a clinical psychologist or neuropsychologist for a more detailed assessment of memory and other thinking processes. These tests will look at things like memory, verbal and non-verbal abilities.
- Psychometric testing/neuropsychological testing where appropriate.
- Scans - the person might be given a brain scan. Scans may show brain shrinkage (atrophy). A scan that shows no unexpected changes in the brain does not rule out conditions such as Alzheimer’s disease because in the early stages of the disease the changes can be difficult to distinguish from normal ageing.

Further investigations to inform diagnosis or sub-typing may include: review of medication to minimise use of drugs that may adversely affect cognitive functioning; ECG/EEG where appropriate; Structural/ imaging/ MRI/CT; Assessment of non-cognitive features; investigation of depression (particularly early stages); Occupational therapy (activities of daily living)

Step 4: Explaining the diagnosis

Doctors may differ in their views on what to tell their patients about a diagnosis of dementia. The person with dementia has the right to be told of their diagnosis - particularly if this gives them the opportunity to put their affairs in order. However, in some circumstances a professional may feel that:
They should only offer the diagnosis of dementia if the patient asks, or seems to want to know.

The knowledge that they have dementia will be too much for the person to cope with.

It is better to use a term such as ‘memory problems’ if this may be more easily understood or seems more appropriate.

A personal care plan will be developed within 2 weeks of the dementia diagnosis. This will provide you and your carer with details of continuing points of contact and interventions to support your wellbeing, as well as arrangements for follow-up in primary care.

Follow up services may include the following: treatment with anti-dementia drugs, diagnostic counselling, psychological therapies and occupational therapy, education sessions about dementia (with a psychologist/dementia advisor), Cognitive stimulation/Peer support groups and individual support from an Alzheimer’s Society Dementia Advisor. See Section 4: Treatments on p23 for more information.

You will also be informed of and signposted to all the relevant services in the borough, which may include:

- The Carers Hub Service (see p86),
- Other Alzheimer’s Society services (see p87),
- Universal services (MOW, minor aids and adaptations),
- The Community Independent Living Service (see p61),
- Other health services (see Section 12: Guide to Health and Social Care professions on p102
- Adult and Community Services for an assessment of need (e.g. Carer’s Assessment) on p57

Any person who has received a dementia diagnosis through the Memory Service can contact the Dementia Adviser Service directly at any time following diagnosis of information and/or support. The Dementia Adviser can be contacted through the Memory Service or by contacting Alzheimer’s Society’s SW London office on 020 8877 0033.

For more information see factsheet 426, Diagnosis and Assessment and factsheet 425, How the GP can help.
Key points: Treatments

There is no known cure for dementia, but there are drugs and other therapies that can help with some of the symptoms. With a combination of these, lots of people can live well with dementia for many years.

Four drugs have been developed to treat Alzheimer’s disease. These drugs lessen symptoms of Alzheimer’s disease for a while in some people. They are sometimes given to people with mixed dementia or dementia with Lewy bodies.

These drugs aren’t suitable for people with frontotemporal dementia, who may be given antidepressant drugs for some of their symptoms.

A person with vascular dementia will usually be prescribed drugs to treat any underlying conditions, such as high blood pressure or heart problems.

People with dementia can also benefit from approaches that don’t involve drugs. One example is reminiscence therapy, which involves talking about things from the past, using prompts such as photos or music. Another example is cognitive stimulation, which might involve doing word puzzles or discussing current affairs.

People with dementia may experience depression or anxiety. They are often prescribed antidepressant drugs and may be offered talking therapies, such as counselling or cognitive behavioural therapy.

Drugs to treat dementia

Scientists from around the world are involved in research to try to find a cure for dementia. However, there are drugs that can help to improve some of the symptoms or stop them progressing for a while, depending on the type of dementia. Non-drug treatments and support after diagnosis (such as information and advice) are also valuable.

Other physical illnesses need to be treated too – see Staying healthy on p51.

Alzheimer’s disease

As mentioned above, four drugs have been developed to tackle some of the physical changes in the brain that cause Alzheimer’s disease.

Donepezil, rivastigmine and galantamine

People who have mild to moderate Alzheimer’s disease may be prescribed donepezil (for example Aricept), rivastigmine (for example Exelon) or galantamine (for example Reminyl). The names in brackets are common brands of these drugs. People who have mixed dementia in which Alzheimer’s disease is the main cause may also be prescribed these.

The three drugs all work in a similar way and offer similar benefits. They work by increasing the amount of a chemical called acetylcholine which helps messages to travel around the brain. People with Alzheimer’s disease have a shortage of this chemical.

Possible benefits: Some people find these drugs lessen their symptoms for a while. Possible benefits include improvements in motivation, anxiety levels, confidence, daily living, memory and thinking.

Possible side effects: Side effects are usually minor – often loss of appetite, nausea, vomiting and diarrhoea. If one of the drugs causes problematic side effects, it’s possible to switch and try another.

Memantine

People who have moderate Alzheimer’s disease but can’t take any of the three drugs listed above, perhaps because of the side effects, might be offered memantine (for example Ebixa). It is also becoming more common to be offered memantine in the later stages of Alzheimer’s disease.

Memantine works by protecting brain cells from the harmful effects of a natural substance called glutamate. People with Alzheimer’s disease often have harmfully high levels of glutamate in their brains.

Possible benefits: Memantine can temporarily slow down the progression of symptoms in people in the middle and later stages of Alzheimer’s disease. It may also help with agitation or aggressive behaviour, both more common in later stages of dementia.

Possible side effects: Memantine usually has fewer side effects than the other three drugs, although it can still cause dizziness, headaches, tiredness, increased blood pressure and constipation.

These drugs are initially prescribed by a specialist, such as a geriatrician (for older people) or neurologist (for diseases of the brain and nervous system) in
Non-drug treatments

Drugs aren’t the only way to treat or manage the symptoms of dementia. There are many other things that can help people to live well. These include a range of therapies such as talking therapies, reminiscence therapy, cognitive stimulation therapy and complementary therapies.

Talking therapies

Talking therapies, such as counselling or psychotherapy give people the chance to speak in confidence to a qualified professional about problems or issues that might be bothering them. They might help someone to come to terms with a diagnosis and identify ways to live well with dementia. Talking therapies may also help with symptoms of depression or anxiety (see p30).

Talking therapies typically involve regular sessions with a therapist, either one-to-one or sometimes in a group. They can be face-to-face, over the phone or online. Some people will have just one session while others will have therapy that continues for many months.

Counselling: Counsellors listen to problems in a non-judgemental and supportive way. They support people to talk about their difficulties and identify solutions.

Psychotherapy: Psychotherapists help people to understand how their personalities and life experiences influence relationships, thoughts, feelings and behaviour.

Understanding this can make it easier for people to deal with difficulties. It may help to treat depression, anxiety and problematic behaviour in people with dementia.

There are several different types of psychotherapy. One of the most common types is cognitive behavioural therapy (CBT).

CBT aims to help people make changes to how they think (cognition) and what they do (behaviour). These changes can improve the way people feel. CBT suggests ways of making things easier by focusing on the here and now. It’s widely used to treat depression and anxiety, and there is growing evidence that it can also help people with dementia and depression. CBT usually involves between five and 20 sessions. A carer might attend the sessions too so they can then help the person with dementia to use the techniques at home.
Family therapy can also be helpful to resolve problems arising due to changes in relationships.

Finding a therapist for talking therapies
For therapy to be successful, people need to build a good relationship with a therapist they trust. A person with dementia will benefit from seeing a therapist who has experience and understanding of the condition.

The GP, memory service or local social services department should have details of local therapists. Ask about a referral. Some talking therapies are available free through the NHS while private therapists will charge.

When choosing a private therapist it’s important to ask about what they can offer that will help, their approach, confidentiality and fees, and whether they are accredited by a professional organisation.

Reminiscence therapy and life story work
Reminiscence therapy involves talking about things from the past, using prompts such as photos, familiar objects or music.

Life story work is usually shared between the person with dementia and a family member, friend, or support worker. A scrapbook or photo album is used to record details of the person’s life experiences, values and beliefs.

Sometimes these approaches are combined using a memory box of favourite possessions or memorabilia. Techniques like this are popular because they draw on early memories, which people with dementia tend to retain best.

There is evidence that reminiscence therapy and life story work, particularly when done one-on-one, can improve mood, wellbeing and some mental abilities such as memory. By talking about who they are, people with dementia can help others focus on them, and not their dementia.

Cognitive stimulation therapy
Cognitive stimulation therapy (CST) is done in small groups and initially involves a programme of themed activity sessions over several weeks. It might involve doing word puzzles or discussing current affairs in one session and playing an instrument along to music in another. CST also includes elements of reminiscence therapy. There is evidence that cognitive stimulation approaches such as CST improve mental abilities and quality of life.

Complementary therapies
Complementary therapies are a broad range of treatments, which are outside of conventional medicine. They are used to treat or prevent illness and promote health and wellbeing. Some complementary therapies that may help people with dementia are aromatherapy (particularly with lemon balm and lavender), massage, bright light therapy (sitting in front of a light box) and music therapy.

Complementary therapy should be used alongside (not instead of) conventional medicines. Anyone thinking about trying these therapies should tell their GP who might be able to make a referral through the NHS or suggest practitioners in the local area.

Other non-drug treatments
There are other non-drug treatments that may be helpful as dementia progresses. Some of the more common approaches are reminiscence therapy or life story work and cognitive stimulation. However, what is available and how to be referred can vary around the country. Ask your GP, memory service or Alzheimer’s Society Richmond for details.
Treating depression and anxiety
People with dementia – particularly vascular dementia or Parkinson’s disease dementia – may experience depression or anxiety.

Depression and anxiety – mood disorders – are more common in the early stages of dementia. In later stages someone is more likely to develop behaviour that seems out of character.

Drug treatments for depression
Drugs are just one approach to treating depression and anxiety. Antidepressant drugs work by correcting the level of some chemicals in the brain. However, research shows that common antidepressants don’t work as well for depression in people with dementia as for those without dementia.

It can take several weeks for someone to notice the benefits of taking an antidepressant. Many people experience some side effects to begin with, but these usually lessen after a week or two. The GP might advise people to try different antidepressants, at different doses, to find what works best.

Benzodiazepines (another type of drug commonly used to treat anxiety) aren’t generally suitable for people with dementia because they can cause severe drowsiness or increase confusion, and are addictive if used for more than two weeks. Alternative drugs are available – speak to your GP.

Other treatments
There are other ways to treat depression and anxiety that don’t involve taking drugs. These include talking therapies, reminiscence activities and life story work. To find out more, see Non-drug treatments on p27.

Other simple things that can help with depression and anxiety include keeping active, doing enjoyable activities and talking to friends and family. Eating healthily and not having too much alcohol or caffeine can also help.
**Key points: Planning ahead**

After you’ve had time to adjust to your diagnosis, it is now the time to plan ahead and talk to others about the future and to make sure your financial and other affairs are in good order. If you’re able, try to do it as soon as you can.

There are things you can do to make managing money easier. Talk to your bank about a ‘third-party mandate’ which will allow someone else to deal with your bank account. Consider getting a ‘chip and signature’ card, so you don’t have to remember a PIN number.

You and your carer may be entitled to a range of benefits. If you have dementia you may be eligible for Attendance Allowance or (if under 65) the new Personal Independence Payment. (Some people will already be receiving Disability Living Allowance.) Your carer may also be eligible for Carer’s Allowance. Ask Social Services, a Citizens Advice Bureau or Age UK for advice. You will find their contact details in Section 9: Getting the help you need: Paying for care on p 88.

Make sure you have an up-to-date will. Consider setting up a Lasting Power of Attorney. This will allow someone you trust to make decisions on your behalf if you’re no longer able.

To have a say in your future medical care, you can also set up an Advance Decision. Talk to your GP or solicitor about this.

If you drive, you must tell the Driver and Vehicle Licensing Agency (DVLA) about your diagnosis. You will find their contact details on page 121. You must also tell your car insurer.

If you’re working when you’re diagnosed with dementia, you may choose to carry on doing so. It’s important to talk to your employer. If you stop working or reduce your hours, you may be eligible for some further benefits.

**Talking things over and planning ahead**

Once you or someone you are close to receives a diagnosis of dementia, it is important to consider what to do next. When someone is diagnosed with dementia, they should be encouraged to remain as independent as possible, and continue to enjoy their usual activities and occupations but it is also important to talk about and plan for the future.

If family and friends do not already know, try to tell them as soon as possible. Ideally, the person with dementia should decide when to tell people. You might want to talk about your plans and wishes for the future with your family and friends.

**Driving**

Having a diagnosis of dementia doesn’t necessarily mean you have to stop driving straightaway. But it does mean telling certain people and possibly taking a driving assessment. As dementia progresses, there will be a time when stopping driving becomes essential.

If you have a driving licence, the law says you must inform the Driver and Vehicle Licensing Agency (DVLA) promptly about your diagnosis of dementia. You must also tell your car insurance company.

The DVLA will request a report from your doctor and might also ask you to take a driving assessment. The DVLA will use these to decide whether you can still drive.

Many people with dementia choose to stop driving voluntarily. It’s best to stop if you feel less confident or become confused even on familiar routes. Having to stop driving can be difficult to adjust to but there can be some benefits. These include feeling less stressed and saving money on insurance and fuel. Taking control of alternative travel options, such as getting a free bus pass, can help you with the transition, as can talking through how you feel with family and friends.

**For more information see factsheet 439, Driving and dementia**

**Working**

It’s possible to continue working after a diagnosis of dementia. Some people find working helps them to feel better physically and emotionally. Others might feel that stopping is for the best.

**Getting help.** If you’re experiencing difficulties in your job, consider talking to your employer or getting advice. Advice is available from a range of places, including your GP, human resources department at work, the Advisory, Conciliation and Arbitration Service (ACAS T 0300 123 1100), or your trade union if you have one. In Richmond, Richmond Aid (T 020 8831 6070), Richmond Citizen Advice Bureau (T 0844 826 9700) or AgeUK (T 0845 601...
testing for benefits will be more straightforward too if the accounts are separate.

If you need or want someone else to deal with your account, you can arrange a ‘third-party mandate’ to allow this. You will need to fill in a form from the bank to set this up. The mandate will not apply in the future if you reach a point where you no longer have capacity (ability) to make decisions for yourself (see p41 for more information). See Lasting Power of Attorney on p39 for information on how to arrange for someone you trust to make decisions on your behalf in the future.

Debit and credit cards
If you have memory problems, you may find it difficult to remember PIN numbers for debit or credit cards that have a ‘chip and PIN’ device. Talk to the bank about alternatives, such as a ‘chip and signature’ card.

Trusts
If you have property or savings, you might set up a trust. This will ensure things are managed the way you have chosen, now and in the future. Seek advice from a solicitor or financial adviser.

Financial matters
Once you have had a chance to adjust to your diagnosis, take time to ensure your affairs are in order. It’s important to make sure that all your essential documents can be found easily.

Things to consider include details of your bank accounts, tax, benefits, pension, mortgage or rent documents, insurance policies and your will.

It may become more difficult for you to make decisions or choices about financial or legal matters as time goes on. There are lots of things you can do to make sure you get to choose how you live now and in the future. Where possible, make these plans as early as you can with a trusted friend, family member or professional (choose someone who is likely to be able to support you as time goes on.)

Direct debits
If they aren’t already in place, consider setting up direct debits for regular payments such as gas and electricity bills. That way they will get paid automatically and may also be cheaper.

Bank accounts
If you are a couple, it may be advisable to set up separate bank accounts as well as a joint account. This can make some things simpler. Benefits and pensions, for example, can be paid directly into your account. Any means-
are not means-tested or based on National Insurance contributions. Benefits are tax-free.

People of working age with dementia might be eligible for a different range of benefits, depending on individual circumstances, so please get advice on which benefits are the most applicable.

**Attendance Allowance**

Attendance Allowance is for people who are 65 or older. It’s based on a person’s need for help with personal care (for example with taking medication, or washing or dressing). There are two rates, depending on whether help is needed in the day or at night (lower rate), or both day and night (higher rate). You can request a claim form by calling the Disability Benefits Helpline. A medical assessment isn’t always required for Attendance Allowance.

**Personal Independence Payment (PIP)** – this is based on daily living, care and mobility needs, not on the dementia diagnosis. They aren’t means-tested or based on National Insurance contributions. PIP is the new benefit which people under 65 need to apply for. It has two components, for daily living (for example washing or preparing meals) and mobility (for example difficulty walking outside). There are two rates of PIP for each component, with different rates according to how much help is needed. A medical assessment will be required for PIP.

**Disability Living Allowance (DLA)** is only available to people who claimed before their 65th birthday. No new claims for DLA can now be made and if you already receive DLA you will be transferred to PIP some time before March 2018. People who were awarded the benefit will continue to receive it after that age. Benefit claim forms include questions about which activities the person with dementia finds difficult or impossible to carry out. They also ask about care and supervision, such as whether the person needs help with bathing or cooking.

**Carers’ Allowance**

If the person with dementia has someone who looks after them for at least 35 hours a week, that person may be entitled to Carers’ Allowance. They will only be eligible if the person with dementia receives Attendance Allowance, the DLA care component at the highest or middle rate, or the daily living component of the new PIP at either rate.

The carer doesn’t have to be related to the person with dementia or live with them, but they must be 16 or over and earning less than a set amount each week. If a carer of a person with dementia is claiming Carers’ Allowance, the person with dementia may lose some of their own benefits. Seek advice before deciding whether the carer should claim. You can get a claim form by calling the Richmond Carers Centre (T: 020 8867 2380).

**Other benefits**

There are other benefits available. For example:

- State pension or Pension credit
- Housing benefit
- Council tax support or reduction
- Winter fuel and Cold weather payments
- Working tax credit
- Statutory sick pay
- Employment and support allowance
- Income support
- Housing benefit and Council tax support

It’s important to have a full benefits check. Age UK Richmond works with the Adult and Community Services to provide advice on welfare benefits and on other services concerning people over state pension age that may improve their quality of life. They have a team of benefits advisers who can provide face-to-face benefits advice to people over state pension age in their own homes or by appointment at their offices and follow-up discussions to determine if additional help is needed.

Please contact Age UK Welfare Benefits team: Age UK Richmond, Parkway House, Sheen Lane, East Sheen, London SW14 8LS T 020 8878 3546.

**Universal credit.**

There were changes to the benefit system in 2013. The new Universal credit will gradually replace many working-age means-tested benefits. 

\[\textbf{For more information see factsheets 413, Benefits and 431, Benefit rates and income/savings thresholds}\]

The benefits listed above can be claimed whether the person lives alone or with other people. If the person with dementia is admitted to hospital or
residential care for a prolonged period, any Attendance Allowance, DLA or PIP may be suspended temporarily.

Putting someone else in charge of benefits
If you are living with dementia, you can contact the Department for Work and Pensions to appoint someone you trust – an ‘appointee’ – to receive, and manage, the money you get in benefits. The proposed appointee will have to prove that they are managing your money with your best interests in mind. DWP will monitor the situation.

Making decisions for the future
Everyone needs to make decisions from time to time about their health, care and finances. As dementia progresses, it will become harder for you to do this. If you’re able to, think about your future, talk to others and plan ahead as soon as you can. You can make decisions and plans so that your future care and finances are handled in a way that reflects your wishes. These choices could range from how your money is managed to how you want to be cared for at the end of your life.

If you have dementia, the law protects your right to:
- Make your own decisions and be involved in any decisions that affect you
- Get support with making decisions about the future that you are finding difficult to make now
- Put plans in place in case you are unable to make decisions in the future
- Appoint someone you trust to make decisions in your best interests if you can’t.

Wills
Everyone should make a will. It allows you to choose who inherits your money and your possessions. Talk to a solicitor about making or updating a will. If you are living with dementia, you can still make a will or change it, as long as you understand the decision you’re making and the implications of any changes. A solicitor can offer advice.

Lasting Power of Attorney
Many people with dementia choose to give someone they trust ‘power of attorney’. This means that the ‘attorney’ – often a spouse or grown-up son or daughter – can make certain decisions on your behalf if you lose the capacity (ability) to do this. In all cases decisions must be made by the attorney in the best interests of the person with dementia.

The legal document to set this up is called a Lasting Power of Attorney (LPA). There are two types of LPA:
- LPA for health and welfare (a personal welfare LPA) – this allows the attorney to make decisions about the healthcare and welfare of the person with dementia. It can include decisions about whether to refuse or give consent to medical treatment. It can also cover where the person lives.
- LPA for property and affairs – this can give the attorney powers such as paying bills, collecting income and benefits, accessing bank accounts and selling a house on behalf of the person with dementia.

The forms needed to apply for an LPA are available for free from the Office of the Public Guardian (by phone or online) and to buy at some stationery shops. See Section 14: Other useful organisations starting on p121 for...
To have capacity a person must be able to:

- Understand the information that is relevant to the decision they want to make
- Retain the information long enough to be able to make the decision
- Weigh up the information available to make the decision
- Communicate their decision by any possible means, including talking, using sign language, or through simple muscle movements such as blinking an eye or squeezing a hand.

There are five main principles of the act which must be followed:

- Every adult has the right to make decisions for themselves. It must be assumed that they are able to make their own decisions, unless it has been shown otherwise.
- Every adult has the right to be supported to make their own decisions – all reasonable help and support should be provided to assist a person to make their own decisions and to communicate those decisions, before it can be assumed that they have lost capacity.
- Every adult has the right to make decisions that may appear to be unwise or strange to others.
- If a person lacks capacity, any decisions taken on their behalf must be in their best interests. (The act provides a checklist that all decision makers must work through when deciding what is in the best interests of the person who lacks capacity.)
- If a person lacks capacity, any decisions taken on their behalf must be the option least restrictive to the person’s rights and freedoms.

For more information see factsheet 460, The Mental Capacity Act 2005

Enduring Power of Attorney

In England and Wales the EPA was replaced by LPA in October 2007. An EPA only covers property and affairs (not health and welfare). EPAs made before this date are still valid but you can no longer make a new EPA.

Mental Capacity

Mental capacity is the ability to make decisions for yourself. People who cannot do this are said to ‘lack capacity’. This might be due to illness, injury, a learning disability, or mental health problems that affect the way their brain works, including dementia.

The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves. It also provides guidance to support people who need to make decisions on behalf of someone else. The Mental Capacity Act covers important decisions relating to an individual’s property, financial affairs, and health and social care. It also applies to everyday decisions, such as personal care, what to wear and what to eat. It can help support people with dementia, their carers and professionals to make decisions, both now and in the future.

For more information see factsheet 472, Lasting Powers of Attorney
Other ways to plan for future care

If you have been diagnosed with dementia, you can choose to make decisions about your future care in a range of ways other than an LPA. Discussing views and preferences about the future with family and health or social care professionals is called advance care planning. This can cover one or more of:

- **Advance Statement**: If you want to, you can write down your priorities and preferences for the future. This is called an Advance Statement – it might cover where you would like to be cared for or how you like to do day-to-day things. It’s used if you’re in a position in the future where you cannot decide for yourself. Unlike the other documents mentioned previously, an Advance Statement isn’t legally binding, but it should be taken into account when deciding what is in your best interests. You will need to sign it, tell people about it, and keep it somewhere safe.

- **Advance Decision to refuse treatment**: If you would like to make sure you have a say in your future medical care, you can make an Advance Decision. This legal document enables you to refuse, in advance, specific medical treatments or procedures in case you become unable to decide this for yourself. Decisions might include whether to be resuscitated if your heart stops, for example. You can’t use an advance decision or advance directive to refuse basic care such as food, drink and pain relief.

  If you’re considering an Advance Decision, seek advice from your GP. They will advise about the advantages of choosing or refusing particular medical treatments. You may also want to talk to a solicitor to make sure the content and wording of the Advance Decision are correct. Speak to your close friends or relatives about your Advance Decision as involving them will help them understand your wishes.

- **‘Do not resuscitate’ (DNR) order**: A decision not to have your heart or breathing restarted if they stop.

  Discussions about care at the end of life can be difficult for people with dementia and their families, and is covered in more detail in Section 11: End of Life Care on p99. There shouldn’t be any pressure on you to have these discussions.

  If you have dementia and you do want to plan ahead, you will need to have the capacity to do so. If you’re thinking about advance care planning, it’s important to do it as soon as you can.

---

**For more information see factsheet 463, Advance decisions and advance statements**

**Advocacy**

Advocacy means having someone to speak on your behalf who will express your views and wishes, safeguard your rights and represent your interests. This is particularly helpful for people who are vulnerable, such as those living with dementia.

The Kingston Advocacy Group (KAG) provides the Independent Mental Capacity Advocate (IMCA) Service for Richmond. The aim of this service is to provide additional safeguards for people who lack the capacity to make certain important decisions at the time a decision needs to be made, and who have no appropriate family or friends to consult. KAG have specially qualified staff to provide an IMCA service, including under Deprivation of Liberty Safeguards (DOLS). IMCAs:

- Are independent of the authority making the decision
- Provide support for the person who lacks capacity
- Represent the person’s wishes, feelings, values and beliefs and ensure that these are considered in the decision that has to be made.

An IMCA must be appointed for someone who lacks capacity, if that person has no one else to consult whenever serious medical treatment is proposed, or it is proposed to arrange or change accommodation in a hospital, care home or other long term accommodation and/or the person will stay in hospital for a period longer than 28 days or the person will stay in the care home for more than 8 weeks.

The IMCA role was extended in 2009 with the Deprivation of Liberty Safeguards, where it can be authorised for a person to be deprived of their liberty for care and treatment, if this is deemed to be in their best interests following an assessment. In this situation the IMCA is involved during the assessment process and after the authorisation, again if the person lacks capacity and has no family or friends who are appropriate and practicable to consult.

KAG can also provide the Paid Representative Role for the duration of the deprivation of liberty.
In this section

Key points: Living well 46
A positive outlook 46
Tips to help with memory loss 47
Practical tips to help with daily life 52
Maintaining everyday skills 48

6 Living well day to day

Kingston Advocacy Group
T 020 8549 1028
E rights@kag.org.uk

RUILS and the Richmond Advocacy Service in partnership with POhWER and Taking Control, delivers the Richmond Advocacy Service. This service provides a mixture of Professional, Citizen, Peer and Self Advocacy to adults accessing health and social care across the Borough of Richmond.

RUILS, 4 Waldegrave Rd, Teddington TW11 8HT.
T 020 8831 6083 (enquiries)
T 0300 280 0022 (POhWER referrals)
E richmond@pohwer.net
Key points: Living well
If you’ve been diagnosed with dementia, there are lots of things you can do that will help you to live as well as possible.

To help you cope with memory problems you could try using a large diary, and perhaps keeping it next to a calendar clock. Also try keeping important items, such as keys or glasses, together in the same place.

Try to make your home safer. Remove things that are easy to trip over and install carbon monoxide detectors and smoke alarms. You could also get automatic timers for plugs, lights and heating.

Try to stay active and social: it can help you retain skills and memory, as well as improve your self-esteem, sleep and wellbeing. Wherever possible, keep doing what you enjoy, even if you have to do it a little differently.

Ask an occupational therapist (a health professional who supports people to maintain everyday skills) for advice on activities.

Having dementia doesn’t mean you should feel unwell or depressed. It’s important to try and stay healthy. Regular exercise and eating a balanced diet can help. If you smoke, try to stop.

Arrange regular checkups with your GP, as well as regular dental, eye and hearing checks. Get the annual flu vaccine and see the doctor promptly if you feel unwell.

A positive outlook
Living with dementia is challenging and you may feel angry or frustrated about what’s happening to you.

Your plans for the future might change, but dementia doesn’t change who you are. A diagnosis of dementia doesn’t mean that you need to stop doing the things that you enjoy, but you might have to do them in a different way.

There are some practical things that you can do to help you live as well as possible. Focus on the things you can and want to do, and try not to become isolated. Keeping busy with activities you enjoy may help you to feel more confident.

Memory loss is a distressing part of dementia, both for the person with dementia and for those around them. However, there is plenty that can be done to help manage memory problems to enable people to retain their confidence and independence for as long as possible.

Tips to help with memory loss

Taking in new information
People with memory problems often find it very hard to absorb and remember new information. Keep information simple and repeat it frequently. Break new activities down into small steps and try to begin new routines or regimes early on in the dementia, while the person’s memory is still relatively intact.

Avoid unnecessary stress
If someone is tired, unwell, anxious or depressed, they will find it even more difficult to remember things. Help keep the person’s life relatively stress-free – make sure they have plenty of support, help them to concentrate on one thing at a time and try to make sure that there are no distractions, such as background noise or lots of people.

Put a regular routine in place
Although variety and stimulation are important, too many changes can be confusing for a person with dementia. Setting up a regular routine will help someone feel more secure and will make it easier to remember what usually happens during the day.

Make the most of memory aids
In the early stages of dementia, memory aids such as lists, diaries and clear, written instructions can help jog the person’s memory if they are willing and able to make use of them. Place helpful telephone numbers by the phone and put labels on cupboards and drawers.

Devices to help with everyday living
Technological developments can help make life easier for people with dementia and their carers in certain situations. This is sometimes called assistive technology. Assistive technology refers to any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed. It can include things like:
Keeping active and staying involved

It is important to help the person with dementia find activities that they enjoy doing and continually adapt them to meet the person’s changing interests and needs. The word “activities” is often associated with structured group activities, such as bingo or exercise classes, but not everyone enjoys this type of pursuit. In fact, many beneficial activities are the simple, everyday tasks that many of us take for granted. Ideas for activities could include the following.

• Exercise – for example walking, swimming or classes.
• Reminiscing about the past – talking, making a memory box or book, or a visit to a favourite place.
• Music and dance – many people still enjoy singing, dancing and listening to music.
• TV and radio − many people with dementia enjoy listening to the radio. Television, however, can cause problems, as people can become confused by too much noise or have difficulty following complicated plots.
• Doing things together − the person may like to play cards or board games, or do some gardening or baking together.

Remaining physically and mentally active can have a significant impact on a person’s well-being. What is good for someone with dementia is often good for those who spend time with them too. Through helping maintain the interests of the person with dementia, family members and carers may be able to follow their own interests. Keeping occupied and stimulated can improve quality of life for the person with dementia as well as those around them.

For more information see factsheet 437, Assistive technology – devices to help with everyday living

Maintaining everyday skills

It is easy to assume that adults with dementia will inevitably lose everyday skills and become dependent on others. With time, dementia can affect a person’s skills, however the degree of impairment will vary from person to person. People with dementia need to continue carrying out as many of their previous activities as independently as possible, in order to retain their skills. Doing things for themselves will enhance their physical, social and emotional well-being, and their confidence and self-esteem.

If you spend time with someone with dementia, support and encourage them to do whatever they can for themselves, and offer only as much help as they need. The following tips may help:

• Always try to focus on what the person can do rather than what they can’t.
• Remember that they may have a short attention span and may find it hard to remember or concentrate on things.
• Try to be patient and allow plenty of time and rest breaks in between tasks.
• If you do need to offer help, try to do things with, rather than for, the person. This will help them feel more involved.
• Give plenty of praise and encouragement.
• Make sure the person has things to do. Aim for a balance between active and passive activities, depending on what is important to the individual and their energy levels – remember that it’s more important that the person feels useful than that they complete the task perfectly.

For more information see factsheet 521, Staying involved and active

Keeping safe at home

Having dementia can make accidents at home more likely. There is a range of equipment available that can help you stay safe, from personal alarms to timers that switch off electrical items. It can be easier to get used to them if you do so early on, rather than introducing them if an emergency or crisis arises in the future.
Staying healthy

Having dementia doesn’t mean you should feel ill, depressed or anxious. It’s important that you check with the doctor if you’re feeling unwell, because other illnesses and infections can make you more confused and forgetful.

You might find the following tips useful:

- Try to eat balanced meals and drink plenty of fluids.
- Take regular physical exercise if you can.
- If you enjoy the occasional alcoholic drink, you might want to keep doing this (unless your GP advises you not to). Alcohol consumption should be in moderation.
- If you smoke, consider stopping.
- Get warm.
- If you find yourself regularly feeling low, anxious or irritable, you may be depressed. This can be treated, so talk to someone close to you about it. See your GP if it continues or gets worse.
- Have the flu vaccine each year and ask about the pneumonia vaccine for over-65s if this applies.

Checkups

Visiting the doctor regularly means that any other health problems that could make your dementia appear worse should get picked up quickly. This is especially important if you also have diabetes, or heart or breathing problems.

In addition:

- Have regular sight and hearing checks
- Have regular dental checkups
- Pay attention to foot care and make sure your shoes fit well.

For more information see factsheet 522, Staying healthy
Practical tips to help with daily life

Memory loss can be distressing and undermine your confidence. As dementia develops a carer may face greater problems and challenges supporting and caring for someone with dementia. There are lots of practical things that can help.

There are some simple practical tips, which may make things a little easier and safer for all:

- Put a regular routine in place.
- Simplify your routine or daily tasks to make them easier.
- Take things one step at a time and break each task down into a step-by-step process.
- Don’t be afraid to ask questions or ask someone to repeat something.
- Give yourself plenty of time and take things at a slower pace if you feel the need.
- Keep a notebook or large ‘week to view’ diary.
- Write down things you want to remember, such as names or to-do lists
- Keep the diary by the kettle or phone, so you get used to referring to it.
- Put labels or pictures on cupboards to help remind you where things are or you could keep frequently used items out on a table.
- Place useful telephone numbers by the phone.
- Put a note on the door to remind yourself to lock up at night.
- Ask your pharmacist about putting your pills in a disposable dosette box, which has the days of the week marked on it.
- With clothes, replace buttons with Velcro, buckles and belts with elastic and laced shoes with slip-ons.
- At regular intervals, before you go out and after meals, remind the person with dementia to use the toilet.
- Spoons are easier to use than knives and forks if food is cut up first.
- Sew a nametag into the person’s coat, arrange for them to wear an identity bracelet or carry an Alzheimer’s Society helpcard where they can record their details.
- A bedside lamp with a low wattage bulb may help if the person wakes up at night frightened. If they need the toilet, try leaving a light on at night so they can find it easily.
- Keep essential or frequently used items, such as glasses, in a large bowl where they can be easily seen

For more information see factsheet 526, Coping with memory loss
Key points: Services for people with dementia
There is support available to help you live well and stay independent for as long as possible.

The main sources of information and support are the NHS, social services, private companies, and charities and not-for-profit organisations.

Organisations such as Alzheimer’s Society can support people with dementia, their families and carers in a range of ways. These include dementia support workers and support groups, telephone helplines and information materials.

Lots of different health and social care professionals can support you – from community nurses to social workers and dementia support workers.

If you need non-medical support at home, the first step is to ask social services for a community care assessment. They will draw up a care plan that looks at how they can meet your needs. They may charge you for some services or they may cover the costs, possibly in the form of a personal budget or direct payment (money from the local authority that you use to pay for your care and support).

Where to go for support
Support services for people with dementia in Richmond are available through local Richmond NHS services (the GP, Memory Service and Community Mental Health Team), Richmond Borough Council Social Services and through independent voluntary or charitable organisations such as Alzheimer’s Society, The Carers Hub and the Community Independent Living Service.

The commissioning of Health and Social care services for people with dementia and their families and friends in Richmond is the responsibility of the Joint Commissioning Collaborative Richmond CCG and Richmond Council (see Section 12: Guide to Health and Social Care professionals on p102 for more information)

NHS General Practitioner (GP)
If you are at all concerned about your own memory, showing signs of dementia, or are concerned about a friend or family member, the first point of contact should always be your GP. Please see Section 3: Getting a diagnosis on p17 for a full explanation of the process in Richmond.

Your GP has overall responsibility for an individual’s healthcare in the community. As well as diagnosing and managing individual illnesses, a GP is able to keep an overall view of your condition as your needs change. GPs are able to organise services from other professionals in the community, as well as from hospitals.

Someone who has dementia should see their GP as soon as they feel unwell or have concerns about their health, if they suddenly become more confused or agitated, or if there are any worrying changes in their behaviour, as these could be signs of a physical illness. Many physical conditions, ranging from chest and urinary tract infections to infected leg ulcers and constipation, can cause additional confusion and distress to people with dementia. These conditions usually respond to treatment.

Memory Service
The Memory Service provides a comprehensive assessment of memory symptoms.

The Memory Service works closely with the Community Mental Health Team (CMHT) and Alzheimer’s Society Dementia Advisers to ensure that people diagnosed with dementia receive the most appropriate and helpful follow up.

Referrals to this service are through the GP
There are two memory assessment clinics serving different parts of Richmond Borough.

Teddington Health and Social Care Centre 18 Queens Road, Teddington, TW11 0LR
T: 020 8614 5400

Barnes Hospital South Worple Way, Barnes, SW14 8SU
T: 020 3513 3663

Community Mental Health Team (CMHT)
The NHS Community Mental Health Team (CMHT) is made up of a team that includes a Consultant in Old Age Psychiatry, Community Psychiatric Nurses and Community Support Workers, Occupational Therapists, Psychologists, Speech and Language Therapists and a Dietician.
Referral to the CMHT is through the GP

The CMHT provides a community mental health service to adults with mental health needs that cannot be effectively treated within primary care (that is, by the GP). Following referral to the CMHT, they will assess which of the services they offer, are the most suitable for individual cases.

Older people’s in-patient beds are currently at Tolworth Hospital in Kingston. However the Trust is currently looking at future options.

In addition, there are two Intensive Home Treatment Teams (IHTT’s) in the Borough, aligned to the two CHMT’s. The aims of the IHTT’s are to deliver an alternative to an acute admission with appropriate treatment and interventions for older people (over 65 years) in the community. It will provide all patients who fulfill the referral criteria with a person-centred service, help maximise quality of life and retain independence in their home environment.

The key service objectives are:

- To prevent in-patient admission for patients who would previously have been admitted to hospital thus preventing institutionalisation and a change of environment.
- To promote and facilitate early discharge of people who are in-patients and related settings and thereby reduce length of stay.
- To initiate rapid treatment which is likely to prevent further deterioration.
- To promote the Recovery Model and assist in maintaining and improving a person’s networks as part of their treatment and recovery.

For people living in Twickenham, Whitton, Teddington and the Hamptons, the CMHT is based at:
Teddington Health and Social Care Centre 18 Queens Road, Teddington, TW11 0LR
T: 020 8614 5400

For people living in Barnes, Kew, Mortlake, East Sheen, Ham and Richmond, the CMHT is based at:
Barnes Hospital South Worple Way, Barnes SW14 8SU
T: 020 3513 3663

How to access social care

Richmond Adult Social Services aim to support residents with an eligible social care need to remain as independent as possible either in their own home or in a residential or nursing home

The Richmond Adult Social Care Access Team

The Adult Social Care Access Team (sometimes just called The Access Team) is the first point of contact for all referrals and general enquiries about Adult Social Care in the Borough of Richmond. T 020 8891 7971

The Access Team can provide people with a wide range of information on local community and voluntary services and of local care providers such as day care, home care and care homes. They are also able to offer emergency services to help people in a crisis and to offer equipment and sensory needs assessments at the point of contact e.g. Telecare and Careline services, the Welfare Benefits team, Housing, Falls clinic and the Handy Person Scheme. If your needs are more complex then they will direct you to the Integrated Health and Social Care Team covering your area (see p59).

Getting help from The Access Team

The first step for getting support at home is to ask for a Community Care Assessment. Following initial contact, a detailed assessment of your needs will be carried out. The aim of the assessment is to understand how you are coping day to day and to see how Adult Social Care may help to improve your quality of life.

Community Care Assessment

This assessment is simply a discussion with you that will help us understand what help and support you might need coping with life on a day to day basis to live independently in your own home and access your community. It usually involves a chat in your own home, and you can involve a friend, relative or carer in the discussion.

The assessment is a two-way conversation. They may ask you to tell them something about yourself and you can tell them how you think they can help and support you. They may also ask the opinion of other professionals who know and work with you, like your GP, but will only do this with your permission. They also take account of the needs of your family or carer and assess them separately if they ask them to.
To arrange a Community Care Assessment, you or a relative or friend can contact the Access Team directly. Alternatively a GP, consultant or other professional involved in your care can make a referral. Assessment, information and advice are always free.

**Care and Support Plan**

At the assessment the team will identify and agree your needs with you and discuss the help and support available to meet them.

The Access Team will then appoint someone, usually a social worker, to be responsible for planning your care and support. The social worker will draw up a written care and support plan and give you a copy. They will then work with you to agree how to meet your needs in a way that suits you best.

They might offer to provide some services themselves or suggest private companies or charities that can help. Some people affected by dementia choose to arrange services for themself.

**After the assessment**

If you are eligible for help from Adult Social Care, they will arrange services within seven days of the assessment being carried out. If you aren’t eligible for help, they will still give you information and advice on other services that are available to help you to continue to live independently and to maintain your quality of life.

In Richmond, the Adult Social Care teams are committed to people being able to exercise maximum levels of choice and control. Once your needs have been assessed and agreed with you, they will let you know how much they think your care should cost. They will then work with you to agree how you can meet your needs in a way that suits you best.

Once you have been assessed, they will offer you the option to take the support in the form of a Direct Payment instead of receiving care services supplied for you. Alternatively, Adult Social Care can arrange the support for you. You cannot have a Direct Payment if you need to be cared for in a residential or nursing home.

Carers also have a right to an assessment, see Section 8: Support for Carers on p70, for more information about the roles and rights of carers in supporting someone with dementia as well as local support services specifically for carers.

**The Richmond Integrated Health and Social Care Teams**

The Integrated Health and Social Care Teams work in partnership with the CMHT’s. In these teams, staff from the Hounslow and Richmond Community Healthcare (HRCH) NHS Trust and the London Borough of Richmond Upon Thames (LBRuT) Social Services work together to provide joint health and social care support.

The Integrated Health and Social Care Teams provide care to people who are housebound, live in a residential setting, or have care requirements that are best met in their own home environment. They exist to make sure people in the borough get the mental health and social care support that they need within their own home. The teams comprise Community Matrons, District Nurses, Social Workers, Social Care Assessors and Occupational Therapists (OT’s) who provide a holistic community care service.

HRCH is responsible for providing community health services to enable people to stay healthy and promote wellbeing. HRCH supports and enables those with long-term conditions to remain as healthy and independent as possible, for as long as possible, in their home or community. They provide services that prevent unnecessary hospital admission and enable people to be discharged from hospital as soon as their acute episode is over.

LBRuT Adult and Community Services assist people with dementia to live safely at home. This may include the provision of equipment, major adaptations to the home, help with walking and Telecare and Careline equipment. For many people moving safely around their home is an ongoing problem and accidents like falls can have serious consequences.

These integrated teams provide care to all people who are resident in the Borough of Richmond or are registered with a Richmond GP and who need support either in their own homes, or in residential or nursing care homes. The Teams are aligned to GP practices, but also work with hospice services, community services, local hospitals and the voluntary sector including Alzheimer’s Society Dementia Advisers and Dementia Support Workers.

**Referral to the Integrated Health and Social Care Teams are through a GP via the Richmond Adult Social Care Access team (see p109)**
The team provides a rapid response to manage crisis and support people to stay at home, preventing unnecessary admission to an acute hospital or a residential/nursing home.

The team also supports early discharge services aimed at facilitating shorter periods of hospital stay including elective procedures/admissions. See Section 12: Guide to Health and Social Care professionals on p102 for more information.

Dementia and the Community Independent Living Service

The Community Independent Living Service (CILS) Richmond Borough has recently rearranged the way it provides support to people living with a disability or long-term illness in Richmond. The new service is now being provided through the CILS partnerships.

The services provided under CILS are designed to deliver a network of informal support services for vulnerable adults to help them to make a positive contribution to their community, reduce social isolation and improve their wellbeing, in each of the four localities within the Borough. These localities reflect the current boundaries for the Integrated Health and Social Care teams (above) and GP clusters. The CILS service is provided by two local partnership networks:

- GoLocal is managed by AgeUk and includes services provided by Alzheimer’s Society as well as by RUILS, Richmond CAB, Richmond Mencap and EMAG. They cover the localities of Sheen, Barnes and Mortlake, and in Twickenham and Whitton. For more information contact GoLocal on 020 8973 1877.

- The Community Partnership is managed by Richmond AID in the Teddington and The Hamptons locality and by INS in the Richmond, Ham, Petersham and Kew locality. The agencies working within the Community Partnership include services provided by Alzheimer’s Society as well as Kew Community Trust, Richmond Adult Community College, Richmond Homes and Lifestyle Trust, EMAG, Richmond Borough Mind, Hampton and Hampton Hill Voluntary Care (the Greenwood Centre), Ham and Petersham SOS, Elleray Hall and Linden Hall. For more information contact The Community Partnership on 020 8831 6464 (Teddington and the

Rapid Response and Rehabilitation Team

The Richmond Rapid Response Team is a multi-disciplinary team, which provides effective interventions in the community as a safe alternative to acute based services. This service includes people with dementia and their carers. They offer individual health and social care packages of support to help people regain their independence and wellbeing.

Rehabilitation is based on working towards achieving goals and can be anything from a few days to a few weeks, up to a maximum of 6 weeks. The team can provide a range of short-term interventions including intensive therapy and practical support following a period of illness, disability or following hospital discharge. For people who have been admitted to hospital, the team will support a safe and timely discharge home or to a community setting.
Dementia and the Richmond Community

People with dementia sometimes need a helping hand to go about their daily lives and feel included in their local community. From early 2014 Richmond has been working on a number of programmes to make the community more accessible and open to people with dementia and their carers. Now, as part of the CILS programme, services will be encouraged to continue to become dementia friendly, and move Richmond forward as a dementia friendly community.

A dementia friendly community will demonstrate a high level of public awareness and understanding so that people with dementia and their carers are encouraged to seek help and are supported within their community.

As part of the CILS partnership the Alzheimer’s Society will raise awareness and understanding of dementia in the community through the provision of information sessions about dementia for local residents (e.g. Dementia Friends sessions). Alzheimer’s Society will help establish a network of trained local volunteers who will be available to support families and friends caring for someone with dementia.

The Alzheimer’s Society are working with CILS partners, leisure services, libraries and arts facilities to provide access to existing services or set up new services for people with dementia and their carers. A number of new activity groups are available. Further information can be obtained by contacting the Alzheimer’s Society on 020 8877 0033.

Dementia Friends

Dementia Friends is an Alzheimer’s Society initiative giving people an understanding of dementia and the small things they can do that can make a difference to people living with dementia. The aim is to create a network of a million Dementia Friends across England by 2015.

A Dementia Friend learns a little bit more about what it’s like to live with dementia and then turns that understanding into action - anyone of any age can be a Dementia Friend. From helping someone to find the right bus to spreading the word about dementia on social media, every action counts. If you are interested in becoming a Dementia Friend and joining a national initiative that will help people living with dementia feel included in their communities, then you need to register as a Dementia Friend and go to one of our Friends’ information sessions.

For more information, and to find out how to become a dementia friend or champion, see http://www.dementiafriends.org.uk/

DAA’s are organisations coming together across England who are committed to transforming the lives of people with dementia and those that care for them. The initiative was brought about as part of the Prime Minister’s Challenge on Dementia, which includes an ambition to create communities that are working to help people live well with dementia.

The DAA programme is hosted by Alzheimer’s Society.

Richmond launched its own local DAA in March 2014.

Find out more about how to join at: http://www.richmond.gov.uk/richmond_dementia_action_alliance

Alzheimer’s Society Dementia Support Services for Richmond

Alzheimer’s Society in Richmond provides information, guidance and support for people with dementia and those who care for them living in the borough. We work with other statutory and voluntary organisations to provide a comprehensive service for people with dementia and those supporting them in the Borough. In particular we work as part of the teams working with the CMHT, Carers Hub service and the CILS service.

Dementia Advisers. Our Trained Dementia Advisers provide personalised information, advice and signposting services to people in the process of getting a diagnosis or from diagnosis of dementia onwards. They will provide accurate, accessible information to help people with dementia make informed decisions for as long as possible. The service offers a point of contact for all information and advice as required to ensure that people with dementia and their carers have access to the right help for them at the right time and are able to make the most of their abilities. In Richmond the Dementia Advisers work in partnership with the Memory Service.

Dementia Advisers are based at Barnes Hospital and can be contacted on 0203 513 3659 (messages can be left on the answering machine) or through the SW London Office on 020 8877 0033.
Dementia Support Workers, sometimes called Information Navigators, provide support for the person with dementia and their carer when more intensive, group or specialised support is required, often as part of the CILS service. They offer individual ongoing information programmes and emotional support to people with dementia and carers through home visits, telephone contact, email and post (dependent on the person’s preference and needs).

Our Dementia Support Workers are fully trained and have an excellent working knowledge of dementia services available in the Borough.

Dementia support groups also form part of the CILS service. Our groups take place weekly for people in both the early and later stages of dementia. Dementia support groups offer a place where people with dementia can share how they feel about their diagnosis and look at practical ways of coping. The emotional support and bonds that form within this group are extremely beneficial to the person’s feeling of well-being.

Dementia cafés, such as the Caring Café (run in conjunction with Crossroads Care) and the Supper Club are regular gatherings, where people with dementia and those who care for them can spend time together in a welcoming and supportive non-judgmental environment and gain practical information, peer support, respite, social interaction and activity. These services are run as part of the Richmond Carers Hub service – see Section 8: Support for Carers on p70.

Black and Ethnic Minorities Project Currently we are working to raise awareness of dementia amongst our local Black and Ethnic Minorities (BAME) community in Richmond. At time of publication of this guide, the project is in its early stages so please contact the Alzheimer’s Society office on 020 8877 0033 for more up-to-date information on its progress and any new support services.

People affected by dementia, including carers, are able to self-refer to Alzheimer’s Society. Our services for carers are outlined in Section 8: Support for carers on p70. For more information on any of the services described above, please contact:

Alzheimer’s Society Richmond Team
241 Garratt Lane, Wandsworth, SW18 4DU
T 020 8877 0033
E swlondon@alzheimers.org.uk

Services for younger people in Richmond
For someone with younger onset dementia, their needs and requirements for support are often very different to those over 65. Richmond Joint Commissioning Collaborative have recently launched a programme to look at the services younger people with dementia need to support them to live well in the community. Run by Alzheimer’s Society in Richmond, the project will include:

- Developing peer support to assist in understanding the diagnosis,
- Providing strategies to live well, specifically on how to continue working, staying physically well, memory techniques etc
- Understanding the needs of the family and balancing those needs with continuing to work and getting support at work
- Support to prevent stigma, and social isolation through sharing of best practices in understanding how others cope and perceive their illness and counteracting the problems they encounter every day
- Supporting those that care for someone with younger onset dementia to include coping mechanisms, continuing working and care

For more information about this project contact Alzheimer’s Society SW London office on 020 8877 0033

Paying for care
Most people will have to pay something for their social care but it very much depends on your own particular financial circumstances. You will be asked by Social Services to fill in a finance form telling us about your level of savings and your regular costs. Based on this the finance team will work out how much, if anything, you have to pay. Most services do have a cost and many will charge for their services, even if only to cover the cost of providing those services.

Paying for care is covered in a lot more detail in Section 9: Getting the help you need: Paying for care on p88 with more information on how to qualify for help towards paying for the cost of any of the services outlined. Any contribution you have to make will depend on your income, savings and expenses and the cost of your support needs.

People who are not eligible for Social Services support at this time should be signposted to alternative sources of support, e.g. in the private and voluntary sector.
If you need help to manage day to day living, contact the Adult Social Care Access Team to discuss your situation. Should your needs change then a Social Worker or Social Care Assessor will be allocated to review your plan and help you to make the changes that you need to make.

The Access Team, York House, Richmond Rd, Twickenham, TW1 3AA
T 020 8891 7971

**Community Day Support services**

There are various day centres available in Richmond. Good day care and support can help a person with dementia continue to enjoy living in their own home, providing stimulating activities as well as giving family and friends a break from caring.

There are a number of social day centres in the Richmond borough offering a range of stimulating activities for people over 55. There is currently no direct dementia care provision available at the social day centres in the borough so if a person with dementia needs support it is suggested that a carer or companion attends with them. They are however working towards becoming dementia friendly so please give them a call to see if they can meet your needs. Social day centres can offer good opportunities for people with dementia and their carer to stay socially active together and can be particularly useful in the early stages of dementia.

A list of day centres in the borough can be found in Section 13: Richmond local services directory (p111). Social day centres typically offer a range of social and leisure activities including talks, discussion groups, outings, bingo, quizzes, film shows, painting, drawing, pottery and photography courses, gentle keep fit exercise groups, personal care, emotional support and encouragement.

Most centres will continue to support people who begin to develop dementia and will fully include them in the life of the centre for as long as possible.

**Voluntary neighbourhood care groups**

There are a number of voluntary neighbourhood care groups in the borough that offer practical advice to older people in need. They also offer befriending services, which involve specially trained volunteers visiting people in their own homes to provide company or help with problems or issues. Each part of the borough has its own local group (see Section 13: Richmond local services directory (p111) for contact details).

**Specialist day centres for people with dementia**

The Woodville Centre at Ham is a specialist day centre for people over 60 with moderate to severe dementia and provides a therapeutic, stimulating and safe environment along with a range of activities, specifically designed for people with dementia.
Homelink Day Respite care is a local charity based in Whitton who also offer support and day care for people with dementia. Open five days a week, they are a nurse-led day respite centre, supporting carers of any age who give help and care to a partner, relative, friend or neighbour who can not manage without their help, in the Whitton, Hounslow borders, Twickenham, Hampton and Teddington areas.

Homelink has recently undergone a major refurbishment and is now well suited to support people with dementia. It provides a happy and vibrant environment where people can enjoy the company of others supported by trained staff and volunteers. The centre enables carers to take a well earned day’s respite while the person they care for attends the centre.

Referral to Homelink can be made by contacting them directly or through health and social care professionals. There is a daily attendance charge that may be included in a personal budget allocated to a person by social services (see Section 9: Getting the help you need: Paying for care on p88).

Homelink Specialist Day Centre, St Augustine’s Vicarage, Hospital Bridge Rd, Twickenham, TW2 6DE
T 020 8255 1993

The Woodville Centre focuses on sensory stimulation, with a colourful environment, carefully chosen dementia friendly furnishings and a newly landscaped sensory dementia friendly garden. The Centre is on one level and benefits from several separate activity rooms. Whilst offering group activities, the centre offers personalised care and support to individuals who require specialist attention and individually planned care programmes.

People with dementia are able to walk freely through the various areas of the Centre, and join in a variety of activities

Transport can be arranged from any part of the borough and a hot lunch is provided as well as visiting hairdresser and chiropody services.

The Woodville Centre at Ham is run by Richmond Council and requires referral through the Adult Social Care Access team. There is a daily attendance charge that may be included in a personal budget allocated to a person by social services dependent on the outcome of a financial assessment (see Section 9: Getting the help you need: Paying for care on p88).

The Woodville Centre welcomes people with dementia and carers to visit informally to have a look around. Please contact the manager to arrange this.

Woodville Centre at Ham, Woodville Rd, Ham TW10 7QW
T 020 8948 0911

Homelink Day Respite care is a local charity based in Whitton who also offer support and day care for people with dementia. Open five days a week, they are a nurse-led day respite centre, supporting carers of any age who give help and care to a partner, relative, friend or neighbour who can not manage without their help, in the Whitton, Hounslow borders, Twickenham, Hampton and Teddington areas.

Homelink has recently undergone a major refurbishment and is now well suited to support people with dementia. It provides a happy and vibrant environment where people can enjoy the company of others supported by trained staff and volunteers. The centre enables carers to take a well earned day’s respite while the person they care for attends the centre.

Referral to Homelink can be made by contacting them directly or through health and social care professionals. There is a daily attendance charge that may be included in a personal budget allocated to a person by social services (see Section 9: Getting the help you need: Paying for care on p88 for more information).

Homelink Specialist Day Centre, St Augustine’s Vicarage, Hospital Bridge Rd, Twickenham, TW2 6DE
T 020 8255 1993
Key points: Support for carers
Caring for someone with dementia can be very stressful and at times upsetting, but also rewarding.

Carers often go through a wide range of emotions, including loss, guilt and anger. They may also have positive feelings, such as satisfaction from being able to support the person with dementia.

A lot of information and advice is available to support you in your caring role. Sources of support for carers include family and friends, health professionals, memory services, social services, carers’ support groups and organisations such as Alzheimer’s Society.

As a carer, it’s important to look after your own health and wellbeing. Try to eat a balanced diet, and to get enough sleep and exercise. Make sure you have some time to yourself.

There are practical tips that can make caring for someone with dementia a little easier. For example, encourage the person to keep doing what they can to retain their independence.

When communicating, make eye contact, listen carefully, be aware of your body language and speak clearly.

As a carer, you may well find changes in the person’s behaviour difficult to cope with. This might include them repeating themselves, following you, pacing and shouting out. Keep in mind that they aren’t doing these things deliberately, and try not to take it personally. They may be in pain or trying to tell you something, for example that they are bored or frustrated.

Talk to a doctor – ideally a specialist – about behaviour that is challenging or causing either of you distress or worry. There are things that can be done to help.

Looking after yourself
If someone close to you has been diagnosed with dementia, it’s important not to underestimate the impact this may have on you. Whether you’re the husband, wife, partner, daughter, son, brother, sister or friend of the person, your relationship will change. Many people find that they have taken on the role of a ‘carer’ without making any decision to do so.
Caring for and supporting someone with dementia can be stressful and at times upsetting. It can also be very rewarding. It’s important that you look after your own health and wellbeing, and turn to others for support when you need it. There is advice available to help you understand dementia and do all you can to support the person you care about.

In Richmond, there are a number of carer support activities including The Caring Café, Carer Support Groups, Carers Training and the Richmond Carers Centre (see Section 13: Richmond local services directory (p111) for contact details). Your Richmond Alzheimer’s Society Dementia Support Worker (T: 020 8877 0033) will be able to provide more information about the services available for carers in the borough.

**Emotional support**
When you’re caring for someone with dementia, you’re likely to experience a wide range of emotions at different times. These may range from positive feelings of satisfaction from supporting the person to other feelings of loss, grief, guilt, embarrassment and anger. You may also feel awkward about any reversal of your previous roles. It can help to know that this is normal for lots of people caring for someone with dementia. Try and take time to reflect on how you are feeling, and talk to someone you trust. You might choose a professional, a friend or family member, or someone at a carers’ support group. If you use the internet, you could try an online discussion and support forum like Alzheimer’s Society Talking Point (see p111 for more information).

**Practical support**
Caring for a person with dementia can become gradually more demanding, physically and emotionally. Getting support will make it easier for you to cope and better for the person you care for.

There are many sources of support, including:

- **Benefits and your employer** – if you work, explore flexible working options with your employer. If you decide to stop working, take advice about your pension entitlements. Find out about any benefits you might be entitled to. See p35 for more information.
- **Local support services and networks** – see p53 for more information about support available in Richmond.
- **Social Services and the Carers Assessment** – as a carer you’re entitled to have your individual needs assessed by social services upon request. You may be offered support services to help you in your caring role. The local authority might charge for some of these services, taking your income and some savings into account.
- **Online discussion forums** – these can be a helpful source of support at any time of the day or night. You can talk online with other people who are going through similar experiences to seek advice and share practical suggestions. Alzheimer’s Society Talking Point is an online support and discussion forum. See p111 for more information.
- **National Dementia Helpline (0300 222 1122)** – trained advisers can support you, provide information and refer you to other sources of support. See p111 for more information.

**Your health**
See your GP about your own health on a regular basis. Carers who are aged between 40 - 74 years can also request an NHS Health Check at their GP surgery. You can ask them about a wide range of issues often faced by carers, such as:

- **Problems sleeping**
- **If you have to help move or lift the person you are caring for, ask for a referral to a physiotherapist for advice so that you don’t risk injuring yourself.**
- **If you feel sad or anxious a lot of the time as these could be signs of depression.**

**Richmond Wellbeing Service** provides psychological therapies for people in the borough. The service can be accessed by carers of people with dementia who may themselves be experiencing depression, anxiety, and sleep disorders. Carers can self-refer or be referred through their GP. Where there may be concerns about memory loss, people will be advised to make an appointment with their GP. The service is unable to offer psychological interventions for people diagnosed with dementia.

T 020 3513 3404.
W www.rbmind.org/richmond-wellbeing-service
Your wellbeing

It’s important to make sure that you eat a balanced diet and make time for regular exercise and physical activity or time to relax and do something just for yourself – Try to get out regularly to meet friends. Even going for a walk can help.

If possible, consider an outing or short break, as this can relieve stress and leave you feeling refreshed. Find out about day care or respite support for the person you care for so that you can take time out knowing they are well looked after.

Support from family and friends

Even though you may be coping well now, caring for a person with dementia may gradually become more demanding, both physically and emotionally. These are some ways you could relieve some of the responsibility from yourself.

• Try to involve other family members right from the start so that the responsibility doesn’t all rest with you.
• Always try to accept help from friends or neighbours when they offer it and suggest ways that people can help when they offer.
• Tell people that you value their support. Remind them what a difference it makes when they pop in for a chat or phone regularly to see how you are.
• Explain to your family and close friends how dementia can affect a person’s behaviour. Tell them what life is like for you and for the person you care for.

Congratulate yourself

At times, caring can feel like a thankless task. The person with dementia may no longer seem to appreciate your efforts, and others may be unaware of how much you do. Pat yourself on the back from time to time, for:

• Managing to cope, day in, day out, with a very difficult situation
• Becoming ever more flexible and tolerant, and finding new strengths and skills that you did not know you possessed
• Being there for someone who needs you.

Take a break

Being a carer can be physically and emotionally exhausting. Feelings of overwhelming tiredness are a common experience. It is therefore important that a carer considers their own personal needs by taking a break from caring. An opportunity for a break or respite from caring is not only essential for the health and well-being of the carer but can have a positive effect on the person they care for. A rested carer may be in a better position to be more patient and understanding of the person with dementia. A carer should talk to someone about any feelings of guilt.

A break could be for a few hours, days or weeks and may be occasional or regular. It may involve someone coming into your home or the person you care for going to a residential care home or a day centre or other social activity while you have some time for yourself.

A social worker can help you find the type of respite service that best suits you and the person you care for. This may involve you exploring and trying out a few different options before you find the right one.

The emerging personalisation of social care means there is greater choice and control being offered to people needing support and to their carers. This means that there should now be a greater choice in how a carer can take a break.

Your local Dementia Adviser will be able to point you in the right direction for the available support services or you can contact the Richmond Access Team (see p109) to discuss respite care.

For more information see factsheet 523, Carers: looking after yourself

Your wellbeing

It’s important to make sure that you eat a balanced diet and make time for regular exercise and physical activity or time to relax and do something just for yourself – Try to get out regularly to meet friends. Even going for a walk can help.

If possible, consider an outing or short break, as this can relieve stress and leave you feeling refreshed. Find out about day care or respite support for the person you care for so that you can take time out knowing they are well looked after.

Support from family and friends

Even though you may be coping well now, caring for a person with dementia may gradually become more demanding, both physically and emotionally. These are some ways you could relieve some of the responsibility from yourself.

• Try to involve other family members right from the start so that the responsibility doesn’t all rest with you.
• Always try to accept help from friends or neighbours when they offer it and suggest ways that people can help when they offer.
• Tell people that you value their support. Remind them what a difference it makes when they pop in for a chat or phone regularly to see how you are.
• Explain to your family and close friends how dementia can affect a person’s behaviour. Tell them what life is like for you and for the person you care for.

Congratulate yourself

At times, caring can feel like a thankless task. The person with dementia may no longer seem to appreciate your efforts, and others may be unaware of how much you do. Pat yourself on the back from time to time, for:

• Managing to cope, day in, day out, with a very difficult situation
• Becoming ever more flexible and tolerant, and finding new strengths and skills that you did not know you possessed
• Being there for someone who needs you.

Take a break

Being a carer can be physically and emotionally exhausting. Feelings of overwhelming tiredness are a common experience. It is therefore important that a carer considers their own personal needs by taking a break from caring. An opportunity for a break or respite from caring is not only essential for the health and well-being of the carer but can have a positive effect on the person they care for. A rested carer may be in a better position to be more patient and understanding of the person with dementia. A carer should talk to someone about any feelings of guilt.

A break could be for a few hours, days or weeks and may be occasional or regular. It may involve someone coming into your home or the person you care for going to a residential care home or a day centre or other social activity while you have some time for yourself.

A social worker can help you find the type of respite service that best suits you and the person you care for. This may involve you exploring and trying out a few different options before you find the right one.

The emerging personalisation of social care means there is greater choice and control being offered to people needing support and to their carers. This means that there should now be a greater choice in how a carer can take a break.

Your local Dementia Adviser will be able to point you in the right direction for the available support services or you can contact the Richmond Access Team (see p109) to discuss respite care.

For more information see factsheet 523, Carers: looking after yourself
Tips for supporting a person with dementia
Much of how you care for the person will come naturally and be based on instinct. You will probably know the person best, and you shouldn’t underestimate the value you can bring to their care. It’s important to continue to see the person and not just their dementia.

Everyday care
With time, dementia will affect the person’s ability to carry out tasks in everyday life that they would have found straightforward previously. Try to support and encourage them to continue to do as much as they can for themselves. When you help out, try to do things with them, not for them. This can help the person retain their independence as well as improve their wellbeing, confidence and self-esteem.

You might find the following tips useful when you’re caring for someone close to you:

• Focus on what they can do rather than on what they can’t. This will help to promote their independence. For example, lay clothes out for them to dress themselves as far as possible.
• They may find it hard to remember or concentrate on things, so try to be flexible and patient.
• Put yourself in their shoes – try to understand how they might be feeling and how they may want to be cared for.
• Offer support sensitively and try to give encouragement.
• Make sure they have meaningful things to do, from everyday chores to leisure activities. Do things together if you can.
• Include the person in conversations and activities as much as possible.

Communicating
How dementia affects the way someone communicates will vary. In most types of dementia, people will at times struggle to find the right words or follow a conversation. This can be upsetting and frustrating for you and the person with dementia. However, there are lots of ways to help you understand each other:

• Make eye contact. Try to listen as carefully as you can, even when you are busy.
• Make sure you have the person’s full attention. Consider whether any distractions, such as noise, are affecting things.
• Notice your body language. Think about how you use gestures, facial expressions and touch. You can give a lot of reassurance through physical contact, if it feels right.
• Speak clearly and think about the words you use. If you aren’t being understood, use simpler words or explain things differently.
• Stick to one topic at a time and make sure questions are straightforward – having too many choices can make decisions difficult.
• Bear in mind that other things, and not just dementia, can affect communication – hearing or eyesight problems, pain or side effects of medication.
• If it feels right, it can sometimes help to deal with misunderstandings and mistakes using humour. Laughing together can ease tension. But you will need to judge how the person responds to this.
• When others are around, ensure you involve the person in the conversation and avoid talking across them.

For more information see factsheet 500, Communicating
Changes in behaviour
At times, people with dementia behave differently from how they used to. Many carers find dealing with this more difficult than adjusting to symptoms such as memory loss.

While it can be very difficult, it’s best to deal with any potentially tense situations as calmly as you can – take some deep breaths or leave the room for a while if you need to. Keep in mind that even where behaviour appears to be targeted at you, this may be just because you’re there.

If problematic behaviour persists or causes distress, seek advice and support from the GP, memory service, community mental health nurse or the Alzheimer’s Society Dementia Support Worker. If behaviour persists and you’re not in contact with a dementia specialist, ask for a referral to one.

Unusual behaviour
Behaviours that may seem unusual include:
- Repetition – e.g. asking the same question, or repeating an action, over and over
- Restlessness – pacing or fidgeting
- Lack of inhibition, such as socially inappropriate behaviour in public – this is particularly common in the behavioural form of frontotemporal dementia
- Night-time waking, sleeplessness and ‘sundowning’ (increased agitation or confusion in the late afternoon and early evening)
- Following you around or calling out to check where you are
- Putting things in unusual places, and then forgetting where they are
- Suspicion – e.g. the person thinking someone has taken something belonging to them, when they have actually mislaid it.

It may help to remember that the person isn’t being deliberately difficult and their condition may be affecting their sense of reality. Try to think of things from their perspective and offer reassurance. It’s important to think about what the person is trying to communicate to you. Working out what the problem is, if there is one, will be the first step to resolving it. Try to avoid correcting or directly contradicting the person with dementia. At times it might be appropriate to try to distract the person, for example by changing the conversation, having something to eat or going for a walk together.

Behaviours that challenge
Someone with dementia – particularly as the disease progresses – can develop challenging or distressing behaviours. These are increasingly called ‘behaviours that challenge’ but you may still hear them included under the broader term ‘behavioural and psychological symptoms of dementia’ (BPSD). Challenging behaviours can become severe and very distressing, for carers and for the person with dementia.

Behaviours that challenge might include:
- Becoming very agitated
- Shouting or screaming – perhaps in response to mistaking something they can see for something else, or seeing things that aren’t there (hallucinations)
- Behaving aggressively, either physically or verbally.

These types of behaviour are often very upsetting. Symptoms might be caused by a general and curable health problem, such as pain or discomfort due to constipation or an infection. See the GP for a medical assessment.

Try to understand why the behaviour is happening. It might be an indication that the person has a need that isn’t being met. If there are no physical causes, it may be that aspects of the person’s care or home environment are causing the behaviour. Boredom and frustration are two common causes. It can help to keep a record of when the behaviours happen to help you understand them or spot any triggers. The person’s own reality and perception of time may both be different from yours.

See if activities, particularly social ones, help. You could also try aromatherapy, massage, or music or dance therapy. Contact with animals can help some people. Other useful activities, if available, include talking therapies, reminiscence therapy or life story work. See Non-drug treatments on p27 for more information.

For more information see factsheets 525, Unusual behaviour and 509, Aggressive Behaviour

Dementia and aggressive behaviour
If these approaches don’t work, or if symptoms of challenging behaviour are severe or very distressing, the doctor might suggest medication. This may be one of the drugs mentioned in Section 4: Treatments on p23, an antidepressant or anti-anxiety medication.
If these drugs don’t help, the doctor may recommend an antipsychotic drug. If so, talk to the doctor about the benefits and risks. These drugs don’t work for everyone and can have serious side effects. Antipsychotics should be offered only after all non-drug options have been exhausted, and only then for a short period (up to 12 weeks).

For more information, see factsheet 408, Drugs used to relieve behavioural and psychological symptoms in dementia

Getting Support from Richmond Adult Social Services
The Adult Social Care Access Team (the Access Team) is responsible for the provision of, and access to, services specifically for the carer. The work undertaken by carers has been officially recognised in the Carers (Recognition and Services) Act 1995, the Carers and Disabled Children’s Act 2000 and Carers (Equal Opportunities) Act 2004. These acts place a duty on local authorities to assess, on request, carers who provide a substantial amount of care on a regular basis, even if the person being cared for does not wish to be assessed. This assessment is called a “Carers’ Assessment.”

You may be a carer providing a substantial amount of care on a regular basis and the Carers Assessment will determine the impact that caring has on you. It does not depend on whether you live with the person or if you are providing a set number of hours of care per week. The acts allow local authorities to provide services to carers in their own right.

Carers Assessment
All carers have a right to their own Carers’ Assessment. The Carers’ Assessment is a conversation that will help the Access Team to understand the physical, emotional and practical impact on the life of a carer, and ensures that their needs are taken into account. A carer also has the right to have their needs considered when decisions are being made about any support being provided for the person with dementia. This could include any education, training, work or leisure activity that they would like to take part in. The Carers’ Assessment could also include help with financial worries, your own health, practical help around the home, introduction to support groups, respite care for time off, signposting to other services and concerns about future needs.

If you have asked for a Carers’ Assessment, prepare carefully. Think about your role as a carer, how you are managing (especially on a bad day) and what support you may need to continue. Think about the difficulties you have now and those you may experience in the long term if you continue caring at the same level. Think about what would help you to cope. Solutions may include respite care, training, and adaptations to the home or counseling. Think about what help you might need and where you can get it before you actually need it. That way when the time comes you’ll know where to turn.

The Carers’ Assessment can be undertaken at the same time as, or separately to, the Community Care or Financial Assessment of the person with dementia.

Financial support for the carer
The rules on eligibility for various benefits are very complicated and independent advice should be sought to understand the ramifications for each individual, but assistance is available for the following:

- Carers allowance and carers payments
- Carers allowance and national insurance contributions
- Carers credit
- Carers allowance and state pension
- Income support
- Carer premium
- Community care grants
- Direct payments for carers
- Paying for a carer using a personal budget
- Community support via the Carers Centre in Twickenham
- Application to the carers emergency card and respite schemes
- Adjustments to existing care packages to manage a crisis
- Respite

For more information about the above, contact the Welfare Benefits Team at Age UK Richmond (T 020 8878 3546) or The Carers Centre (T 020 8867 2380)

For more information see factsheet 523, Carers: looking after yourself and factsheet 418, Community care assessment

Richmond Shared Lives Scheme
Shared Lives Dementia is a respite scheme run by Richmond Council. It is available to carers of people with dementia who live in the borough of Richmond. The scheme provides a new way of carers receiving respite by
having an approved Shared Lives Carer look after the person with dementia in the Shared Lives Carers home.

The Shared Lives Scheme enable carers to book a respite break in advance through the shared lives service. Shared Lives carers live in the borough of Richmond and neighbouring boroughs. The duration of respite breaks are flexible to provide carers with choice, for example two hours; overnight; weekends or up to a maximum of three weeks.

Referral is only through the Adult Social Care Access Team
T 020 8891 7971
W www.richmond.gov.uk/home/health_and_social_care/adult_social_care.htm
E sharedlives@richmond.gov.uk

**Help in an emergency**

**Carers Emergency Alert Card Scheme.** Richmond Council offers a Carers Emergency Alert Card Scheme following a Carers Assessment. The scheme helps carers to develop a care plan that can be put into place in case of an emergency. This covers any emergency situation that arises where the carer is unable to carry out their normal caring responsibilities. The carer is given a card to carry, which has the Careline phone number and a personal identification number to identify the personal emergency care plan. Contact the Access team (see p109 for more information).

**Carers Emergency Respite.** Crossroads Care is funded by Richmond Council to run a Carers Emergency respite service to guard against carers suddenly being unable to perform their care duties. The carer must have had a Carers’ Assessment within the last 12 months to be able to access this service. More details about the scheme can be found at: www.richmond.gov.uk/emergency_help_for_the_person_you_care_for

**Carers Direct.** This is a 7-day a week NHS confidential advice and information service to help the individual as a carer, including advice on how to cope in a crisis, a guide to caring, financial and legal advice, help for young carers, local Support Groups and advice on keeping healthy.
T 0300 123 1053

For more information about any of the above, contact the Welfare Benefits Team at Age UK Richmond on 020 8878 3546 or the Carers Centre on 020 8867 2380

**Carers’ Payments**

During 2014/15 Richmond Council are providing payments of £250 for Carers to help them with something to improve their own quality of life. This may be a course, a hobby or simply having some time out for themselves. The process is very straightforward and there is no financial assessment involved. You can access this payment through a Carers’ Assessment or download an application form and follow the eligibility criteria and instructions carefully for endorsement http://www.richmond.gov.uk/carers_payments

**Dementia Training**

The Adult and Community Services Adults Workforce Development Team is dedicated to the development and provision of high quality social care education and training to social care staff, partner organisations within the private and voluntary sector, and in some cases accessed by residents of Richmond.

The Richmond Adult Social Care Training team also provides a range of free e-learning adult social care courses through Evolve, Richmond Council’s online learning website, which are available for borough residents to access.

For more information on how to access courses, see the Richmond Council website at http://www.richmond.gov.uk/social_care_training or call the Learning Pool Support Team on 0845 543 6033.

Other dementia resources can be found on the Social Care Institute for Excellence (SCIE) website at http://www.scie.org.uk
Alzheimer’s Society services for carers
Alzheimer’s Society is a national charity that supports the well-being and rights of anyone caring for a person with dementia as well as people experiencing dementia. Alzheimer’s Society Richmond provides services for carers across all areas of the Borough of Richmond. They work closely with partner organisations through The Carers Hub service.

Dementia Support Workers
Our Dementia Support Workers work within the Borough to help people facing the challenges associated with caring for a person with dementia. They can visit carers at home or discuss their situation on the phone and can provide information, guidance and support in understanding and caring for a person with dementia.

Carers Support Groups
Our Carers Support Groups offer the space to talk in a safe environment about the experiences of caring for someone with dementia and the impact on carers’ lives. Carers Support Groups allow carers to meet others in a similar situation and gain practical information as well as emotional support to promote self-esteem, coping and well-being.

Carers Support Groups for carers of people with dementia are part of the Carers Hub and some are run in partnership with Richmond Crossroads Care.

Richardson & Twickenham Carer’s Support Group: Held at the Caring Café on the third Saturday of each month, 1.30pm - 2.30pm
Richardson & Twickenham Caring at a Distance Support Group: Held at the Caring Café on the first Saturday of each month, 11.30am - 12.30pm
Richardson & Twickenham Expert Carers Support Group: Held at the Caring Café on the first Saturday of each month, 1.30pm - 2.30pm
Richardson Early Intervention Support Group for Carers: Held at the Greenwood Centre, Hampton Hill on the last Monday of each month, 2.00pm–3.30pm
Evening Carer’s Support Group: Held at St Stephens Church Chestnut Room, Twickenham on the last Wednesday of the month, 6.30 - 8.00pm

These groups do not require booking in advance but we recommend checking prior to the day as we arrange guest speakers and dates may be subject to some change

Caring Café
The Caring Café is run in partnership with Richmond and Kingston Crossroads Care and is part of the Carers Hub service. It offers a place where people with dementia, their families, friends and carers can meet in a welcoming and supportive environment. They can also meet others in a similar situation and gain support, guidance and information from other carers and staff from both Alzheimer’s Society and Richmond and Kingston Crossroads. Open on the first and third Saturday of each month 11am - 3.30pm Sheen Lane Day Centre, East Sheen, SW14 8LP T 020 8943 9421

The Supper Club
The Supper Club offers an opportunity for people with dementia, their family and friends to meet for supper in the company of others in a similar situation. Our aim is to provide a welcoming environment to share information, experiences and socialise in a relaxed environment. The Supper Club meets from 6-8pm at the Woodville Centre, Ham on 2nd Thursday of each month.

Carers Information and Support Programme (CrISP)
CrISP is a set of workshops developed by Alzheimer’s Society, for people caring for a family member or friend with dementia.

• CrISP 1: Understanding dementia after diagnosis, is a 4-week programme for carers of people in the early stages or newly diagnosed with dementia.
• CrISP 2: Living well as dementia progresses, is a 3-week programme is for carers of people in the mid to later stages of dementia

The workshops give an opportunity for you to talk in a confidential environment about your experiences and the impact they are having on you. They aim to provide you with information and support. Topics will include:

• what is dementia?
• how you can support and care for someone with dementia
• the support services that are available
• planning for the future.
If you are interested in any of the services described, please contact
Alzheimer’s Society SW London office, 241 Garratt Lane, Wandsworth, SW18 4DU
T 020 8877 0033
E swlondon@alzheimers.org.uk

Richmond Carers Centre is a local charity that provides support to unpaid carers and young carers. They offer free and confidential advice, information and support to any carer living in the London Borough of Richmond upon Thames. They also help carers who live in other parts of the country who support someone who lives within the Borough. See Section 13: Richmond Local Services Directory (p111) for contact details

Crossroads Care (Richmond and Kingston) is part of a national charity that has been providing respite care for the Borough of Richmond for more than 24 years. Crossroads care for people of all ages in the comfort of their own homes, giving their carers time to relax and spend a couple of hours doing things that they would not normally have the time to do. Crossroads have some limited funds to offer some people up to two hours free respite care each week as well as people having the opportunity to purchase home care. See Section 13: Richmond local services directory (p111) for contact details.

Homelink is a charity with a nurse-led day respite centre. It also supports carers and enables them to take a well-earned break. Homelink provides a happy and vibrant environment where people can enjoy each other’s company supported by trained staff and volunteers. The centre enables carers to take a well earned day’s respite while the person they care for attends the centre. See Section 13: Richmond local services directory (p111) for contact details.

Voluntary sector and community support for carers
There are a number of voluntary and council funded programmes within Richmond that also provide services for carers.

Richmond Carers Hub Service
Richmond Carers Centre manages the Carers Hub Service, a partnership of nine local voluntary sector organisations, which provide a range of universal, and specialist information, advice and support services to local carers. The Carers Hub provides a gateway to direct support, information and access to services for all unpaid carers in the Richmond. The Hub also includes INS, Grace Debt Advice Service, Crossroads Care, EMAG, Homelink, Richmond Homes and Lifestyle Trust, Addiction Support and Carers Agency (ASCA), as well as Alzheimer’s Society. Details of the above organisations, where relevant, are listed in Section 13: Richmond local services directory (p111).

T 020 8867 2380
E: info@richmondcarers.org
W: www.richmondchs.org
9 Getting the help you need: Paying for Care

In this section:
Key points: Accessing care in the community  89
Richmond Social Care  89
Getting help  90
Tips on Personal Budgets  91
Organisations that provide help and support  93
Other help for paying for care  94

Key point: Accessing care in the community
NHS healthcare is free at the point of delivery whereas social care is not free to everyone and is subject to means testing (i.e. an assessment of your ability to pay). The London Borough of Richmond charges for some of its services but others are currently free. There is no charge for any information or advice you are offered or for your needs assessment.

Richmond Social Care
The way that Richmond Social Services provides and pays for community social care is through a system called Self Directed Support.

Most people with dementia want to stay in their own homes for as long as possible. If this is your choice and a realistic possibility for you, the Self Directed Support budget can be used to support you to live at home.

Self funders can also access all the services within the Borough using their own funds or a combination of their own funds and their personal budget, but access to the services may be through Adult Social Services


If you are unable to access the internet yourself, please ask your Dementia Support Worker or contact the Access Team directly.

The London Borough of Richmond-upon-Thames uses a process called Fair Access to Care Services (FACS), which ensures that access to social care is offered in a fair and transparent way. If you want more information about the assessment process, you can check the Council website on www.richmond.gov.uk.

To arrange an assessment, contact The Access Team
York House, Richmond Rd, Twickenham, TW1 3AA
T 020 8891 7971
Getting help

Self Directed Support Assessment

Any person who lives in Richmond borough who requires practical support as identified in the Care and Support Plan and the Community Care Assessment will be eligible for help from the Access Team – see Section 7: Community support services for people with dementia in Richmond on p53 for more information about the process.

The cost of providing this care will be worked out and a financial assessment, the Self Directed Support Assessment, carried out. The capital value of a person’s home will not normally be taken into account in the financial assessment where the person with dementia continues to occupy this as their home/dwelling. The capital value of any other property owned or part-owned however will be regarded as capital.

Self directed support aims to give people who require ongoing personal care and support more choice over how they wish to live their lives. Depending on your income, savings, or assets, the outcome of the self directed support assessment might be that you may have to pay for some or all of your care, or you may receive a financial contribution called a personal budget.

Personal budgets

For people living with dementia having the same person assisting them every day can help to reduce confusion. Using a personal budget to employ your own member of staff is one way that you can have control over who comes into your home and can build a relationship with one individual rather than have a number of agency workers visiting the home. There are some advantages however in employing carers via an agency. You may want to discuss your needs with a Dementia Adviser or Care Manager before making this decision. There are a number of local organisations which can assist in this process of organising and paying for care as well as a number of private care agencies. The Access Team will be able to provide more information and contact details.

The personal budget is an agreed amount of money allocated to you to ensure that you can choose and receive the help that meets your assessed needs.

A personal budget can only be used for the social care needs identified in the assessment. Social services will help you write a plan, which will say what type of care and support you want, and how the personal budget will be allocated.

The amount of personal budget received depends on the amount of support any individual needs as well as the outcome of the financial assessment.

There are various ways people can use their personal budget. They can choose to:

- Have it all as cash (a direct payment) to employ someone to help cook and eat, wash and dress, keep healthy and get out and about, for example.
- Use it to pay for a day service and to get help from a care agency.
- Have some of it as cash and some of it in the form of services. For example, you may choose to use some of your budget to employ someone to help you get out and about and some of it to get help with washing and dressing from a care agency in addition to accepting a place at The Woodville Centre that will be paid for directly by the council (from your personal budget allocation).

**Tips on personal budgets**

- You can choose to receive your personal budget as a direct payment. This means that you or a family member or friend is responsible for keeping records of how it’s spent in line with your support plan.
- Alternatively, you don’t have to receive your personal budget as a direct payment if you don’t want to. You can ask social services to manage it for you, or ask them to arrange for a local organisation to help you to manage it.
- Ask social services for help and information about personal budgets. They can tell you about local organisations that can help you understand how to use one.

**Direct Payments**

Once you have been assessed, they will offer you the option to take the support in the form of a Direct Payment instead of receiving care services supplied for you. There are no restrictions to say that care services have to be organised through social services but if you prefer, Adult Social Care can arrange the support for you.
Direct Payments are cash payments, which you can then use to obtain the services you have been assessed as needing. With a Direct Payment you can choose how you would like to get your support needs met. This might mean using an agency of your choice or employing your own staff, such as a personal assistant (PA). This way you will have more choice and control over the support that you require. You need to be sure that you can manage the payments yourself or with the help of someone else. A specialised not-for-profit Direct Payments Support Agency can do this for you.

Richmond uses Hestia, based in Mortlake (see below) who can help you to manage your Direct Payment.

You cannot have a Direct Payment if you need to be cared for in a residential or nursing home.

If you need help to manage day to day living, contact the Access Team to discuss your situation. Should your needs change then a Social Worker or Social Care Assessor will be allocated to review your plan and help you to make the changes that you need to make.

**Hestia Personalisation Support Service** is an independent agency providing support to Direct Payment users in Richmond, including:

- Support planning and brokerage - helping direct payment users research, plan and set up the support services they need
- Direct payment management support - helping direct payment users to self-manage their fund
- Payroll and managed account services - providing payroll support for direct payment users employing a PA and managed account services for those not able to look after their funds independently
- Employment and Personal Assistant support - supporting direct payment users to recruit and employ a personal assistant of their choice.

The service is a ‘one stop shop’ for Direct Payment users living in Richmond. Residents with a Direct Payment may self-refer to the service or be referred by Social Services.

For more information, contact Hestia’s Personalisation Support Service.

Citibase Mortlake, Mortlake Business Centre, 20 Mortlake High Street, SW14 8JN
T 020 3642 4630
E richmondsds@hestia.org


**Self Funders**

Some people will have to pay towards their social care. If you do not qualify for a personal budget, then you may still access the services identified in the assessment but will have to use your own money to pay for them.

Access to these services is through the Access Team. Contributions will depend on income, savings and assets and the value of your home won’t normally be taken into account if you are living there.

RUILS provide information and advice for people who self fund. Call the office for more information. T 020 8831 6083

**Other organisations providing help and support**

RUILS is an organisation that helps individuals to live independently in their community. They act as the champion, representative and peer supporter to ensure that people get the best possible outcomes from the choices they make

- Find-a-pa service (www.find-a-pa.co.uk)
- PA and Employer Training
- Independent Living Service for Self Funders
- Pooling Budgets
- Money Advice Project
- The Richmond Advocacy Service: see Section 5: After diagnosis (p31) for more information
T 020 8831 6083

**Richmond AID** is for people of working age receiving or applying for disability benefits in Richmond. They help people with form filling, and benefit reviews so that people receive all the benefits to which they are entitled.

T 020 8831 6070

For information on all these organisations please see their full details in Section 13: Richmond local services directory on p111
There are a number of independent Care Agencies in the Borough, please contact the Access Team on 020 8891 7971 for a listing or for more information.

**Other help to pay for care**

**Third party top-up payments**

You may be able to get a top-up from a third party to make up the difference between the amount Richmond Council is prepared to pay for a place in a care home and the care home’s fees. The third party could be a friend, relative, union, charity or similar organisation.

**Free care under the Mental Health Act**

If you have been kept in hospital under certain sections of the Mental Health Act, you may be entitled to free care when you go home.

**Benefits**

You should make sure you claim all the benefits to which you are entitled – see section 5 After Diagnosis: Planning ahead on p31 for more information. More than £2 billion is left unclaimed by older people each year. Richmond Council’s Welfare Benefits Team, AgeUK and Richmond AID can help you to claim any welfare benefits to which you may be entitled, in particular Attendance Allowance, Council Tax Reduction, and Carers Allowance.

**Problems paying for care**

If you have problems paying for your care you should talk to your care manager or social worker if you have one, or contact social services through the Access Team on 020 8891 7971.

---

**10 Residential and nursing care**

Many people with dementia will need the services offered by sheltered housing schemes or care homes at some stage. These services are generally run by the voluntary sector or private organisations.

**Living in a sheltered housing scheme**

Sheltered housing schemes are made up of a number of unfurnished properties specially designed for the needs of people who need some support to help them live independently but who do not need to live in a care home. Some schemes offer extra help for people who need a lot of help to keep independent, safe and well.

There are two Extra Care Housing schemes available in Richmond. These schemes allow the resident to live independently, but have extra care facilities on site, with fully trained care staff either on site or on call to provide extra support. Sandown Court in Twickenham and Dean Rd in Hampton are self-contained apartment blocks offering this service. Both of these schemes are owned and managed by Richmond Housing Partnership who works closely with Richmond Council and NHS Richmond. (See Section 13: Richmond local services directory (p111) for more contact information.

**Moving to a care home**

There may come a time when you may be finding it too difficult to live at home even with support. It is best to think about this in advance and understand the alternatives available. An Alzheimer’s Society Dementia Adviser can work with you and your carer to complete an Anticipatory care plan that allows you to document your wishes and ideas for future care.

Alzheimer’s Society recently published a report into care homes: “Low expectations – Attitudes on choice, care and community of people with dementia in care homes”. Good quality care that preserves dignity, treats people with respect and promotes independence can improve the lives of care home residents with dementia. As a result of this report, a campaign has been launched: Putting Care Right, along with a publication: “Your handy guide to selecting a care home”. This publication offers a number of...
Strategies to consider when selecting a care home and suggests some issues to think about and questions that may be useful to ask staff when visiting potential care homes. For more information, please contact Alzheimer’s Society SW London office on 020 8877 0033.

There are 26 Care Homes in the borough of Richmond. They are all required to be registered with the Care Quality Commission (CQC). Care homes are required to comply with CQC regulations and meet the needs of people with dementia in a safe and appropriate environment.

Care homes provide accommodation, meals, help with personal care and some provide nursing care. The two main types of care homes are residential care homes without nursing care and residential (nursing) care homes with nursing care. Some residential nursing care homes have Registered Mental Health Nurses and other staff who are specially trained so they know how best to help and care for residents with dementia. These are sometimes referred to as EMI homes.

The Social Care team can make an assessment of your needs, including residential/nursing care needs and advise on the choices available in order for each individual’s needs to be best met.

Care homes without nursing care can provide short or long term accommodation, meals and personal care such as help with washing and eating. These homes are a ‘home from home’ and offer people a safe and secure place to live, but with as much independence as possible. They may also offer social activities and outings.

Care homes with nursing care are the same as those without nursing care but they have qualified nurses who can provide specialist care for people with more complex needs. Some care homes provide specialist care for people with dementia and have specialist registration for this care. Some homes have dual registration, which means they are both a residential and a nursing home, so that people do not have to move as their needs change.

GPs are responsible for the health needs of care home residents and SWLSTG are able to provide psychiatric support to individuals in care homes.

The London Borough of Richmond Adult and Community Services are responsible for reviewing the care needs of people who are funded by Richmond Council. A list of residential and nursing care homes is kept by Richmond Council or is available through the following link: http://www.richmond.gov.uk/nursing_homes.

For people who do not qualify for local authority supported housing, they may want to purchase a property within a private supported living facility.

All health and adult social care services in England are regulated by the Care Quality Commission (CQC) whether they are provided by the NHS, local authorities, private companies or voluntary organisations. The CQC also protects the rights of people detained under the Mental Health Act. When choosing any health or social care service it is a good idea to check with the CQC to see how the service has been rated.

CQC National Customer Service Centre, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA
T: 03000 616161
W: www.cqc.org.uk

Age UK Richmond has a telephone advice line for queries and provides information and advice. See Section 13: Richmond local services directory p111 and Section 14: Other organisations p121 for contact information.

Paying for residential care or a nursing home
To move into a care home (either with or without nursing care) a financial assessment by the Adult Social Care Access team will be required to find out how much you will be required to contribute towards the cost of living in a care home. The first step is to contact the Adult Social Care Access team to request both a needs assessment and a financial assessment to help you to plan the most appropriate type of care and find out how much it will cost.

People living with dementia in a nursing home should receive their nursing care provided by a registered nurse free of charge by the NHS through funding known as the registered nursing care contribution (RNCC). The NHS will automatically arrange an assessment. The money will be paid straight to the care home and depending on the funding arrangements, the person with dementia may not actually see a reduction in their fee. Nursing care is defined as ‘care provided, delegated, monitored or supervised by a registered nurse’. This does not include the care provided by a nursing or care assistant, even if that care is delegated or supervised by the registered nurse. This funding is only for the actual nursing care. Accommodation, board and personal care costs in a care home are subject to means testing as described...
earlier, although people with limited income and capital may be entitled to significant financial support from Social Services.

It is also possible to be assessed for NHS continuing care (ongoing fully funded healthcare funding provided in any setting), which is a package of care arranged and funded solely by the NHS. It is awarded depending on whether a person’s primary need is a health need. To qualify for NHS continuing care a person must have a high level of health care need that requires regular nursing care and support. It is not easy to get NHS continuing care funding and can take a long time. If you think that the person you care for may be eligible you can request an assessment from the NHS Continuing Care co-ordinator at 0203 668 1900.

For residential services, such as care homes, Richmond Council may ignore the value of your home if your husband, wife or partner is still living there. They may also be able to ignore the value of your home for up to 12 weeks and offer you a loan to give you time to decide what to do with your property. Contact Richmond Council for more information about their charging policies.

For more information, see Alzheimer’s leaflet: Your handy guide to selecting a care home and the factsheets 418, Community care assessment, and factsheet 452, Assessments for NHS-funded nursing care

---

**11 End of Life Care**

The earlier a person can think about the sort of care they want at the end of their life the better. The life expectancy of a person with dementia is unpredictable and the disease can progress for up to around 10 years. End of life care (which is often called ‘palliative care’) aims to maximise quality of life and comfort and focuses on reducing physical and psychological distress, and providing the person’s family with support.

**Places in which a person may be cared for**

There are significant choices to be made here. Care of a person with dementia at the end of their life will involve a range of professionals across social services and the NHS. The circumstances and choices of people with dementia may vary, of course.

**Care and treatment that the person might receive**

If someone in the later stages of dementia becomes seriously ill, there may be a discussion about whether to try to prolong their life or allow nature to take its course. Only the doctor can make the final decision about whether to give or withhold treatment in the final stages of dementia, although they may need to act as specified in an Advance Directive or Health and Welfare LPA (see p39). Consideration should also be made regarding any Advance Decision (see p42) that has been prepared. The views of relatives and of the person with dementia should always be taken into account where possible. End of life interventions may include:

- Pain relief
- Resuscitation after a heart attack
- Antibiotic treatment for pneumonia or severe infection
- Oxygen therapy for shortness of breath
- Giving the person foods or liquids through a tube, if they are unable to eat or drink normally.

**Advance care planning**

As well as arranging Power of Attorney (see p39) there is also the possibility of making a decision in advance about any treatment that the
Care Nurses from two local hospice providers, Trinity Hospice and Princess Alice Hospice. Joint visits will be undertaken to provide support for the person with a terminal illness and the family to care for people in their own homes and through inpatient and outpatient services. Hospice care is designed to provide skilled compassionate end of life care at a time which is right for the terminal patient and in a place of their choice.

Someone nearing the end of their life is likely to be eligible for NHS Continuing Healthcare if they have a condition that is rapidly getting worse and may be terminal. This is a package of continuing care provided outside hospital, arranged and funded solely by the NHS, for people with on-going healthcare needs. To be eligible for NHS continuing healthcare, the main or primary need for care must relate to the person’s health. For example, they have a complex medical condition that requires a lot of care and support or need highly specialised nursing support.

If a person is eligible, they can receive free NHS continuing healthcare in any setting, this includes their own home and in a care home. Services include healthcare and personal care e.g. community nursing and help with bathing and dressing. The NHS will pay for your care home fees, including board and accommodation. Contact the Continuing Care Team at 120 The Broadway, Wimbledon, London, SW19 1RH (T 020 3668 1700)

Currently an end of life pilot service is being provided by Princess Alice Hospice. A Specialist Nurse is working with GP practices to identify patients in their last year of life to support advance care planning with patients and carers, support clinicians on palliative care management and provide a rapid response service to those patients whose conditions are deteriorating rapidly to support out of hospital care. The pilot will help inform future end of life planning for people with dementia.

Co-ordination of care
With the right co-ordination of care and input from specialist palliative care teams it is possible for people with dementia to be cared for where they are right to the end of their life. However, many people with dementia are often admitted to hospital in the last few months of their lives and may die in hospital. Problems often occur where care is not co-ordinated, and where there is poor communication, for example between the different medical teams involved. Richmond operate a “Co-ordinate My Care” programme which aims to ensure that there is good communication between the different agencies involved, the person’s wishes are understood and everything possible will be done to help the person with dementia have a ‘good death’.

Ending life at home
If a person’s family or friends feel able to provide care for the person at home, they need to make sure that adequate community nursing and other forms of support are available. This information is available from the GP and social services. Your Alzheimer’s Society Dementia Support Worker will help you to access the right type of support.

Palliative care, artificial hydration and nutrition
Palliative care is designed to relieve pain. Treatment should be given to maximise the quality of life and comfort of a person with dementia in line with the General Medical Council’s guidelines on treatment and care towards the end of life (2010). When people are in the late stages of dementia, they can often experience great difficulty with swallowing. In line with this guidance the Alzheimer’s Society believes that the most appropriate response is palliative care and it is inappropriate for a person with advanced dementia to be given artificial hydration and nutrition for the sole purpose of prolonging life.

End of Life provision in Richmond
Richmond District Nurses and Community Matrons from the Hounslow and Richmond Community Healthcare NHS Trust work with Community Palliative Care Nurses from two local hospice providers, Trinity Hospice and Princess Alice Hospice.
Where to go for support

A diagnosis of dementia can be daunting and raises many questions about the future. Asking for help can feel difficult, particularly if you’ve always been independent. You might not feel you need it straightaway, but it can be useful to know that a wide range of information and support is available. For example, health and social care professionals can support you in a number of ways. Attending a support group can help you to meet people in a similar situation and share your feelings, experiences and useful information. This support can help you to enjoy a good quality of life and to live in your own home for longer, if that is what you would like to do.

Most people will know how to contact their GP for free healthcare. You might not know as much about the social care and support system offered by Richmond Council and how to access them.

National Health Service (NHS)

Most people will have already used health services through the NHS such as a GP or specialist (for example a consultant). You may also have attended a memory clinic. Services provided by the NHS are free and are organized locally through the Richmond Clinical Commissioning Group (CCG). More information about Richmond CCG can be found at www.richmondccg.nhs.uk

Richmond Clinical Commissioning Group

1st Floor, Civic Centre, 44 York Street, Twickenham, TW1 3BZ
T 020 8734 3000

There are a wide range of NHS professionals who can help. Referrals to these are through the GP who is responsible for a person’s general health and is the first point of contact for any health issues. The GP can also provide information on helpful services or refer you to other professionals, such as:

• **Consultants** are qualified doctors who have had further extensive training and experience in a particular specialty. The specialty of the consultant will depend on the age and symptoms of the person being diagnosed. The Memory Services in Richmond are run by South West London St Georges Mental Health Team and the Community Mental Health Team (CMHT). They are led by Consultants in Old Age Psychiatry, based at Teddington Health and Social Care Clinic, and at Barnes Hospital (see below for details). Sometimes if the symptoms are less obvious, a referral may be made to a neurology consultant.
• **Community Mental Health Nurses** provide treatment, care and support for people with mental health problems and dementia. They carry out assessments of people at home and can advise people with dementia and their carers about ways of coping and improving their health and quality of life. They do not normally carry out physical nursing tasks.
  o CMHT for Twickenham, Teddington, Whitton and the Hamptons: Teddington Health and Social Care Centre, 18 Queens Rd, Teddington TW11 0LR T 020 8614 5400
  o CMHT for Barnes Kew Mortlake, East Sheen, Richmond: Barnes Hospital, South Worple Way, Barnes SW14 8SU T 020 3513 3663
  o Practice nurses work with GPs and other community nurses and carry out a range of nursing activities within the GP practice.
• **The Richmond Community (District) Nursing Service** provides patients with ongoing nursing support at home, offering efficient and quick access to clinical treatment to prevent hospital admission as well as to ensure support to assist earlier discharge from hospital. They are community based and can also help with advice on issues such as bathing and incontinence. They work alongside the Integrated Health and Social Care teams.
  o Sheen and Barnes: T 020 8487 1600
  o Richmond, Ham and Kew: T 020 8487 1600
  o Teddington and the Hamptons: T 020 8614 5300
  o Twickenham and Whitton: T 020 3458 5333
  o Night Service: T 020 8744 9414
• **Community Matrons** (also known as Advance Primary Care Practitioners) also provide ongoing nursing support at home, but also are more involved in case management, looking after more difficult cases at home and are more highly trained so are able to undertake more complicated services (e.g. independent prescribing). The intent is to prevent avoidable admissions and promote more self-management plans.
• **The Intermediate Care Team (ICT)** provides a nursing and rehabilitation service, primarily for older people within the Hounslow and Richmond Community Healthcare NHS Trust. The team provides a rapid response to
manage crises, support and enable people to stay at home, preventing unnecessary admission to an acute hospital or a residential/nursing home, and provide rehabilitation to help them gain maximum independence for a stronger future. The team is multi-disciplinary and includes nurses, occupational therapists, social workers, physiotherapists, dieticians, and rehabilitation assistants. This service is based at Teddington Memorial Hospital. T 020 8714 4060.

The Memory Service or GP may also refer you to other medical specialists such as:

- **Clinical Psychologists** (for assessment of memory problems and talking therapies).
- **Audiologists** (for hearing)
- **Optometrists** (for sight)
- **Dentists** (for teeth)
- **Physiotherapists** (for exercise and mobility)
- **Chiropodists** (for feet)
- **Occupational therapists** (for maintaining everyday skills and advice on adaptations and equipment)
- **Speech and language therapists** (also help with problems related to swallowing)
- **Continence advisors**. Based at Teddington Memorial Hospital. T: 020 8714 4086
- **Counsellors** (for talking therapies)
- **Dietitians** (for advice on diet and nutrition).
- **Falls Prevention** (to improve health and mobility). Based at Teddington Memorial Hospital T 020 8714 4006
- **Occupational Therapists** (for advice on adaptations and equipment)
- **Wheelchair service** (for mobility problems). Based at Queen Mary’s Hospital T 020 8487 6084

**Dementia related Acute Hospital Admissions**

When admitted to hospital it is vital that hospital staff know as much about the person with dementia as possible. “This is Me” is an Alzheimer’s Society publication, which helps to support the person with dementia in an unfamiliar place.

“This is Me” is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It is relevant for use with any professionals who are contributing to their care - whether this be at home, hospital, respite care or a care home. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person’s needs. It can therefore help to reduce distress for the person with dementia and their carer. It can also help to prevent issues with communication, or more serious conditions such as malnutrition and dehydration.

For more information, see Alzheimer’s Society leaflet: “This is Me”.

**Kingston Hospital** has a ‘Forget-Me-Not’ scheme and all inpatients with a dementia diagnosis have a forget-me-not flower symbol above their beds and on the ward patient information board. All patients who come into A&E with dementia are given a blue bracelet to wear to ensure they are easily recognisable to A&E staff.

There are now more than 70 Dementia Champions across the organisation and include clinical and non-clinical staff. The champions all wear a lapel badge.

A Dementia and Delirium Team, which includes carers’ representatives, meet regularly and lead on the work to improve dementia care. Additional assistance is provided at mealtimes through the volunteer dining companion scheme. Staff are being trained on caring for patients with dementia. The Friends and Family Test to identify patients with dementia and their carers has been adapted and feedback will be used to make changes to the care and services provided.

A Psychiatric Liaison Service is commissioned and provided by SWLSTGT for all older people who are residents of the Richmond who are admitted to Kingston Hospital. If a person with dementia is admitted to an acute hospital for a physical health procedure they may be seen by a liaison psychiatric service in addition to the physical health specialists. The Psychiatric Liaison Service includes:

- An assessment of care and discharge planning
- Advice and liaison regarding dementia patients to teams at Kingston Hospital
- Referral to the Memory Clinic when dementia may not be diagnosed but is suspected
• Signposting to Richmond services for people with dementia and their carers

West Middlesex University Hospital. The Marjory Warren Building is dedicated to care of the elderly. Crane Ward is now a Dementia Friendly Ward, which means that the environment has been specially designed for people with dementia. The ward hosts a kitchen for patients and families with familiar and easy to use cutlery to encourage good nutrition and hydration. There is a patient’s lounge with daily OT activities. The hospital hosts a fortnightly Carers Café 3-4pm Thursdays in the Kew Ward patient lounge (T 020 8321 6131). West London Mental Health NHS trust also provides a Psychiatric Liaison Service at the hospital and in partnership with WMUH have developed a screening protocol for all over 75s to identify dementia.

Teddington Memorial Hospital (HRCH) has a 50 bedded facility providing Rehabilitation, Palliative and Continuing Care. The aim of the unit is to enable adults to maximise their health and wellbeing and return to their home, where possible.

Staff at Teddington Memorial Hospital are being trained to recognise signs of dementia and provide dementia friendly care to people with dementia and their carers. Patients will be referred to the Memory Clinic if they show signs of dementia. Staff will also signpost/refer to local community services.

All inpatient acute services are required to provide a discharge summary to the patient’s GP; this includes any concerns regarding signs of dementia. Acute services can refer direct to the Memory Service where there are concerns about memory loss but there is no dementia diagnosis.

The Richmond Rapid Response and Rehabilitation Team provide effective interventions in the community as a safe alternative to acute based services, including services for people with dementia and their carers.

The role of the Team is to:

• Improve the transition from acute to community services through facilitating safe and timely discharge from hospital
• Provide a rapid response, urgent care assessment, observation and support for people whose health needs would otherwise lead to an admission to hospital or an extended stay in hospital
• Provide a range of short-term interventions, which help people recover their skills and confidence after an episode of poor health, admission to hospital, or sudden deterioration of their functionality
• Provide a person-centred package of support to people in their own homes, in hospital or in a care home setting which is jointly delivered by health and social care professionals
• Support people in care homes and preventing unnecessary emergency calls and hospital admissions.

Based at Teddington Memorial Hospital
T 020 8714 4060
E richmondresponseandrehab@hrch.nhs.uk
Secure email: hrch@richmondresponseandrehab@nhs.net

The Learning Disabilities Team is a collaboration between Your Healthcare and Richmond Social Services. They provide a multi-disciplinary dementia assessment, intervention/support which includes post-diagnostic support. The team also provides a proactive dementia screening programme for people with Down’s syndrome over the age of 30.

T 020 8487 5315
W www.yourhealthcare.org/Services/richmond-community-learning-disability-team.htm

Other NHS services

Teddington Memorial Hospital also provides a range of outpatient services, which allow residents from across the borough to access care close to home, including:

• Walk-in centre
• Outpatients department
• Rehabilitation unit
• Pharmacy
• Physiotherapy
• Diagnostics

Teddington Memorial Hospital, Hampton Road, Teddington, Middlesex TW11 0JL
T 020 8714 4000

Accident and Emergency departments

The following hospitals close to the Richmond borough have a 24-hour accident and emergency department.
Patient support service (PALS)
Provides information and advice to patients, carers and their families on local NHS services and can help with concerns, complaints, compliments, suggestions and queries. The service is confidential and can be contacted at: Thames House, 180 High Street, Teddington TW11 8HU
T 020 8973 3111
E pals@tpct.nhs.uk

Social services and social care
Social services staff can help work out what care and support someone with dementia and their carer needs. They may also arrange for care and support to be provided, often by a different organisation. Social care professionals include social workers, home care assistants and home carers.

These staff can help people to remain independent for as long as possible in their own home. Services provided or arranged by Richmond Social Services might include:
- Help in and around the home
- Equipment and adaptations to make life easier and homes safer
- Help with meals at home
- Help with taking medication
- Arranging a place at a day club or support group
- Help managing money and paying bills, dealing with paperwork and claiming benefits
- Respite care (temporary care to allow carers to take a break)
- Intermediate care or re-ablement
- Extra care housing (homes where care and support are available on site).

The Adult Social Care Access Team (The Access Team) is the first point of contact for all referrals and general enquiries about Adult Social Care in the Borough of Richmond.
The Access Team, York House, Richmond Rd, Twickenham, TW1 3AA
T 020 8891 7971

The Civic Centre provides face-to-face access for residents of Richmond by appointment, offering advice and information on all council services
44 York St, Twickenham TW1 3BZ
T 020 8734 3000
E customer.services@richmond.gov.uk
Charities and not-for-profit organisations

Charities and not-for-profit organisations can be a valuable source of local support, advice and information for people with dementia, their families and carers.

Alzheimer’s Society Dementia Advisers work through the Memory Clinics with people with dementia and their family and carers. They provide a named contact throughout the person’s journey with dementia to provide advice and help to access services. You can be referred to a Dementia Adviser through the Memory Service. Anyone who has received a diagnosis through the Memory Service can also self-refer. Our Dementia Advisers can be contacted on 020 3513 3659 or through Alzheimer’s Society SW Office on 020 8877 0033.

Private companies

A wide range of private companies provide care and support services at home (sometimes called domiciliary care) for people with dementia. Someone with dementia might pay for a care assistant using their personal budget (see p90) or from their own money.

For a list of local registered private agencies, contact your local social services, the UK Homecare Association, or visit the Care Quality Commission. For contact details see Section 14: Other useful organisations starting on p121.

Dealing with different professionals

- If you’re unsure about someone’s role, ask them to explain it.
- Consider asking a friend or relative to be with you when you see professionals.
- Write down what you want to discuss with someone before you see them.
- Write down anything important they tell you.

Voluntary sector charities

Alzheimer’s Society

Alzheimer’s Society South West London, 241 Garratt Lane, Wandsworth SW18 4DU
T 020 8877 0033
E swlondon@alzheimers.org.uk

Alzheimer’s Society's National Dementia Helpline England and Wales
T 0300 222 1122

Alzheimer’s Society Talking Point is an online support and discussion forum, for anyone affected by dementia. It’s a place to ask for advice, share information, join in discussions and feel supported: www.alzheimer’s.org.uk/talkingpoint

Age UK Richmond provide advice, information and advocacy services, aimed at supporting and empowering older people by providing timely, accurate and independent advice, information and support. They are the lead agency for Sheen Barnes and Mortlake locality and the Twickenham and Whitton locality CILS service.
Suite 301, 3rd Floor, Parkway House, Sheen Lane, East Sheen SW14 8LS
T 0845 601 1149 • T 020 8973 1877 (CILS)
E info@ageukrichmond.org.uk
W Age UK directory: richmondinformationdirectory.org.uk

ASCA is dedicated to supporting individuals, families and the community to overcome alcohol and drug misuse through both prevention and treatment.
233 Lower Mortlake Rd, Richmond, TW9 2LL
T 020 8940 1160
E info@addictionsupport.co.uk
W www.addictionsupport.co.uk

INS is a Twickenham-based charity providing long-term rehabilitation and support for people with neurological conditions particularly multiple sclerosis, Parkinson’s disease or who have had a stroke. They are the lead agency for the Richmond, Ham, Kew and Petersham locality CILS service.
82 Hampton Road, Twickenham TW2 5QS
T 020 8755 4000 • T 020 8693 4000 (CILS) E admin@ins.org.uk
Richmond Citizens Advice Bureaux (RCABS) offer advice and information on a wide range of subjects including welfare benefits, debts, housing, employment, relationships and legal issues. They have an information centre and telephone line for all Borough of Richmond offices: 0844 826 9700.

RCAB offices:

**Twickenham**
61 Heath Road, Twickenham, TW1 4AW

**Richmond**
233, Lower Mortlake Road, Richmond, TW9 2LL

**Ham**
The Health Centre, Ashburnham Road, Ham, TW10 7NS

**Hampton**
White House Community Centre, 45 The Avenue, Hampton, TW12 3RN

**Sheen**
Sheen Lane Centre, Sheen Lane, London, SW14 8LP

Richmond Citizens Advice Bureaux (RCABS) offer advice and information on a wide range of subjects including welfare benefits, debts, housing, employment, relationships and legal issues. They have an information centre and telephone line for all Borough of Richmond offices: 0844 826 9700.

Richmond Citizens Advice Bureaux (RCABS) offer advice and information on a wide range of subjects including welfare benefits, debts, housing, employment, relationships and legal issues. They have an information centre and telephone line for all Borough of Richmond offices: 0844 826 9700.

Richmond Citizens Advice Bureaux (RCABS) offer advice and information on a wide range of subjects including welfare benefits, debts, housing, employment, relationships and legal issues. They have an information centre and telephone line for all Borough of Richmond offices: 0844 826 9700.
RUILS helps individuals to live independently in their community. They act as the champion, representative and peer supporter to ensure that people get the best possible outcomes, have a voice and live more independently. DAAC, 4 Waldegrave Road, Teddington TW11 8HT
T 020 8831 6083
E info@ruils.co.uk
W: www.ruils.co.uk • www.find-a-pa.co.uk • www.employ-a-pa.co.uk

Support for carers

The Carers Hub: Richmond Carers Centre manages the Carers Hub Service, a partnership of 9 local voluntary sector organisations, which provides a range of universal and specialist information, advice and support services to local carers. See Richmond Carers Centre below for contact information.
W www.richmondchs.org

Carers Direct is a free, confidential advice and information service to help carers with advice on coping in the caring role, and financial and legal advice.
T 0808 802 0202
W www.nhs.uk/carersdirect

Richmond Carers Centre is part of the Carers Trust network. They provide advice, information and support to local carers and manage the Carers Hub Service.
5 Briar Road, Twickenham, TW2 6RB
T 020 8867 2380 (Carers support line)
E info@richmondcarers.org
W www.carers.org/richmond

Richmond and Kingston Crossroads Care is a charity that offers respite breaks to carers by providing care in their own home or by taking them out in the community. Respite hours can be purchased directly from them or through personal budgets.
1 Beverley Court, 26 Elmtree Road, Teddington TW118ST
T 020 8943 9421
E richmonduponthames@crossroads.org.uk

Day centres

Woodville Centre at Ham: Richmond Social Services run this specialist day centre for people with dementia. Open 7 days a week for anyone living in Richmond. Referral from Richmond Social Services is required.
Woodville Road, Ham, TW10 7QU
T 020 8948 0911
For more information and advice and to speak to someone in confidence, contact: The Richmond Adult Social Care Access Team
T 020 8891 7971 • T 020 8744 2442 (emergencies only)
E adultsocialservices@richmond.gov.uk

Homelink is a nurse-led day respite centre in Whitton, supporting carers who require respite in the Whitton, Hounslow borders, Twickenham, Hampton and Teddington areas. Referral can be made through professionals or you can contact the centre directly.
St Augustines Church Hall, Hospital Bridge Rd, Whitton TW2 6DE
T 020 8255 1992
E info@homelinkdaycare.co.uk

Voluntary social day centres provide social opportunities and a wide range of activities for people over 50, including computer classes, exercise classes and discussion groups. They can be contacted directly for more information.

Barnes Green Centre: Church Rd, Barnes SW13 9HE
T 020 8876 2377
Elleray Hall Day Centre: Elleray Road Teddington TW11 0HG
T 020 8977 0549
Greenwood Centre: Hampton and Hampton Hill Voluntary Care Group School Road Hampton Hill TW12 1QL T 020 8979 9662
Linden Hall Day Centre: Linden Road Hampton TW12 2JG
T 020 8941 2373
The Avenue Club: Kew Community Trust The Avenue Kew TW9 2AJ
T 0208 948 8807
Twickenham Wellbeing Centre: Arragon Rd Twickenham, TW1 3NH
T: 020 8538 9254
Whitton Social Centre: 111a Kneller Road Whitton TW2 7DT
T: 020 8894 4963
Age UK runs Whitton Social Centre, Twickenham Wellbeing Centre and Barnes Green Centre.
T 0845 601 1149
E info@acrut.org.uk
EMAG, the Ethnic Minorities Advocacy Group, is an independent voluntary organisation working for equality and fairness in the Black and Ethnic Minority communities living and working in Richmond.
111a Kneller Rd, Whitton, TW2 7DT
T 020 8893 9000
E emag@emaguk.net

Voluntary care groups
The Borough’s voluntary neighbourhood groups provide practical help to elderly people who are unable to get help from family, friends or neighbours. This help includes door to door transport to GP surgeries, clinics and hospitals, prescription collection, transport to local shops or even doing the shopping. Many groups can also help with everyday household tasks such as putting up shelves or handrails, light gardening or changing fuses in electric plugs. The groups do not undertake housework or cleaning.
The groups all operate in specific parts of the borough
FiSH Neighbourhood Voluntary Care scheme (Barnes): T 020 8876 3335
(9am-12 noon weekdays) FiSH busline: 020 8876 3765
Ham and Petersham SOS Scheme T 020 8948 1090 (Mon-Fri 10.00am-12 noon, answerphone at other times)
Hampton and Hampton Hill Voluntary Care Group T 020 8979 9662
(Mon-Fri 9.30am-4.30pm)
Hampton Enterprise T 020 8979 9662 (Mon-Fri 9.30am-4.30pm)
Kew Neighbourhood Association T 020 8948 8054 (Mon-Fri 9.30am-12noon)
Mortlake Community Association T 0208 487 5500 (Mon-Fri 9.30am-1.00pm)
Richmond Good Neighbours T 020 8332 9741 (Mon-Fri 9.00am-12noon)
Teddington and Hampton Wick Voluntary Care group T 020 8943 3112
(9.30am-11.30pm weekdays)
Twickenham Help a Neighbour in Distress Scheme (HANDS) T 020 8941 3346 (Mon-Fri 9.30am-12.30pm)
Whitton Network T 020 8755 1336 (Mon-Fri 9.30am-12 noon)

Befrienders
There are many people around the Richmond Borough who are lonely or isolated and need the company of others. Befriending schemes can fill that gap and help people live well in the community with the support of others who care, such as:

Age UK Richmond Introducers help introduce older people to social clubs and activities in their local community and help take that first step into new social situations on their own T 0845 601 1149
Age UK Telephone Befriending offer those in need free regular friendly phone calls T 0845 601 1149
Community Network: telephone friendship groups connecting older people around London together on one call. T 0800 520 0403
Contact the Elderly organise regular Sunday afternoon tea parties for people over 75 who live with little or no social support – groups in Richmond and Twickenham T 01372 289206
FiSH Neighbourhood Care: FiSH offer telephone and one to one befriending in the Barnes, Mortlake and East Sheen T 080 8876 3335
Hampton Neighbourhood Care Project: Supporting isolated and lonely people in the TW12 area. T 020 8979 9662
Kew Neighbourhood Association and the Richmond Consortium offer home befriending in Kew. T 020 8943 1807 or E info@richmondconsortium.org.uk
Richmond Good Neighbours providing neighbourly assistance to the elderly in central Richmond T 020 8332 9741
Richmond Homeline is a telephone befriending project in partnership with the NHS in Richmond, that supports older people in the borough who are experiencing isolation and loneliness. T 020 7385 9689
Teddington and Hampton Wick VCG befriending scheme: T 020 8943 3112

Travel
The Accessible Transport Unit (ATU)
The ATU run the Council services for transport around the Borough, including:
Blue Badge scheme: for people with severe mobility problems to park close to where they need to go. The scheme is managed by ATU in Richmond
Freedom Pass: can be used to travel free on Transport for London buses, tubes, trams, DLR at any time and on national rail within Greater London after 9.30am. A disabled person’s pass (available from the ATU), an older person’s pass (available from the Post Office) and a discretionary pass are all available if you were born on or before 5 May 1951.
60+ Oyster Card: for people over 60, which offers most of the same free travel concessions. These are obtained from Transport for London. There is a £10 charge.
**Taxicard scheme:** The London Taxicard scheme provides subsidised door-to-door transport for people who have serious mobility impairment and difficulty in using public transport. Taxicard holders make journeys in licensed London taxis and private hire vehicles, and the subsidy applies directly to each trip. For more information about the various schemes, contact: The Accessible Transport Unit, DAAC, 4 Waldegrave Road, Teddington TW11 8HT T 020 8831 6312 / 6097 (general enquiries) E accessibletransport@richmond.gov.uk

**Dial-a-ride** is a free door-to-door service for people who can’t use buses, trains or the tube. Dial-a-ride can be used for all sorts of journeys and is generally best at providing local trips, although longer journeys can often be arranged on request. Bookings are usually made a day before travel. T 0845 999 1999 or 020 7309 8900

**Richmond and Kingston Accessible Transport (RaKAT)** provides high quality, low cost accessible transport services for charities, voluntary organisations, and community groups. North Kingston Centre, Richmond Road, Kingston upon Thames, Surrey KT2 5PE T 020 8481 0031 E info@rakat.org.uk

**Community support resources**

**LiveWell Richmond** is a FREE health improvement service available to anyone over the age of 16 who live, or is registered with a GP, in Richmond by supporting them in areas such as healthy eating, weight management, mental and emotional health, and living with long term conditions. T 020 8487 1745

**Local Involvement Network, Richmond (LINks)** give local residents and groups a stronger voice in how local health and social care services are delivered. The role of LINks is to find out how the local community would like health and social care services to improve, investigate issues and use its powers to hold services to account. Citibase Mortlake, 20 Mortlake High Street, SW14 8JN T 020 3178 8784 E info@richmondlink.org.uk Office hours are Monday to Friday 9.00am-5.00pm

**Living at home / mobility aids**

**Community Meals**, often known as ‘meals on wheels’, can help ensure that people receive proper nutrition on a daily basis. High quality and nutritionally balanced frozen meals are provided by Apetito and delivered to your home. There is a cost, which is subsidised by Richmond Council, but they do not offer help in paying for the service. A range of meals is available to cater for different dietary, health and cultural need. Contact: Adult Social Care Access Team T: 020 8891 7971 (prefix 18001 for Textphone Users) E: adultsocialservices@richmond.gov.uk

If you don’t want to use the Community Meals service, supermarkets or other organisations will also deliver frozen meals to your door and your local Voluntary Care Group may be able to do your shopping for you. Alternatively there are companies such as Wiltshire Farm Foods (T 0800 773773) who can provide a delivery service to the door.

**Telecare and Careline equipment** is a 24-hour 365-days-a-week emergency monitoring system to help elderly and vulnerable people live independently and safely in their own homes. The Access Team can provide more information about this service. T 0800 085 6323 • T 0845 600 7752 (Textphone) W www.londontelecare.com
Or contact: Adult Social Care Access team T 020 8891 7971 (prefix 18001 for Textphone Users) E: adultsocialservices@richmond.gov.uk

**MedicAlert** is a registered charity that provides a necklace, bracelet or watchstrap which has vital information about you, a personal membership number, and a 24-hour emergency call centre number engraved on it. It is particularly useful for people who are unable to remember personal details and who may get lost away from their home. The central call centre holds contact details for carers and other information that may be useful in an emergency. T 0800 581 420

**Home help, maintenance and gardening**

**Age UK Premier Housekeeping service** and **Richmond Handyperson service** is available to older and/ or disabled people who live in Richmond. These services offer assistance with housekeeping and practical non-
emergency jobs around the house to help someone to live within their own home for longer or improve their safety and security. All staff and volunteers are required to undergo enhanced Criminal Records Bureau checks. They also carry Age UK ID.
T 020 8876 0620

**Housing improvement repairs and grants.** Richmond’s residential housing team offers many types of financial assistance to people in various housing circumstances, including those who would like to continue to live in their own home to ensure that the house is in good repair, warm and secure.
T 020 8487 5123
E residentialeh@richmond.gov.uk

### 14 Other useful organisations

**Carers Trust**
T 0844 800 4361
E info@carers.org
W www.carers.org
Works to improve support, services and recognition for anyone living with the challenges of caring for a family member or friend.

**Driver and Vehicle Licensing Agency (DVLA)**
T 0300 790 6806
W www.gov.uk/contact-the-dvla
Government-funded agency that issues driving licences and vehicle registration documents in Great Britain.

**GOV.UK**
W www.gov.uk
Online government services and information, replacing Directgov and covering benefits, driving, housing, money and tax, working and pensions.

**Law Society**
T 020 7242 1222
E contact@lawsociety.org.uk
W www.lawsociety.org.uk
The body representing solicitors in England and Wales.

**Mind**
T 0300 123 3393
E info@mind.org.uk
W www.mind.org.uk
Mental health charity that publishes information on all aspects of mental health and provides a range of support through local associations.

**Office of the Public Guardian and Court of Protection**
T 0300 456 0300
E customerservices@publicguardian.gsi.gov.uk
W www.gov.uk/office-of-public-guardian
If you are worried about the safety or welfare of a family member, neighbour, or friend, there is help available. The London Borough of Richmond-upon-Thames works in partnership with the NHS, police, and other groups to respond to concerns that a vulnerable adult is being abused and work to ensure their safety. Signs of abuse can be:

- Injuries (e.g., cuts, lacerations, bruises, unexplained finger marks (or others), burns, scalds, fractures)
- Clothing in poor condition/worn daily/soiled
- Withdrawal from communication/normal activities
- Difficulty in gaining access to the person with dementia
- Lack of money/inability to pay bills or buy essentials/services disconnected.

If you are worried about someone, you can contact the Adult Social Care Access team who will put you through to the appropriate team or complete an alert form which can be found at www.richmond.gov.uk and send it to the adult safeguarding coordinator.

T 020 8891 7971 (or in an emergency outside office hours 020 8744 2442)
E Safeguarding.adults@richmond.gov.uk

For more information refer to Alzheimer’s Society’s publication Safeguarding people with dementia: recognising adult abuse or contact your local Alzheimer’s Society South West London office on 020 8877 0033.

---

Pension Service
T 0800 731 7898 (claim line)
T 0845 606 0265 (general queries)
W www.gov.uk/contact-pension-service

Helps with State pension eligibility, claims, and payments, including Pension credit.

Society for Later Life Advisors (SOLLA)
T 0845 303 2909
E admin@societyoflaterlifeadvisers.co.uk
W societyoflaterlifeadvisers.co.uk

The Society of Later Life Advisers (SOLLA) aims to assist consumers and their families in finding trusted accredited financial advisers who understand financial needs in later life.

Solicitors for the Elderly
T 0844 567 6173
E admin@solicitorsfortheelderly.com
W www.solicitorsfortheelderly.com/public/search

An independent, national organisation of solicitors, barristers, and legal executives who provide specialist legal advice for older and vulnerable people, their families, and carers.

The Silver Line
T 0800 328 8888
E info@thesilverline.org.uk
W www.thesilverline.org.uk

Provides information and advice on powers of attorney and deputyship. It also helps attorneys and deputies to carry out their duties and protects people who lack mental capacity to make decisions for themselves.
Thanks and acknowledgements
Alzheimer’s Society Richmond would like to thank everyone who has helped publish this guide.

Special thanks to:

- Richmond Clinical Commissioning Group for funding the production of this guide
- All featured organisations for information about their services.
- Hilary Dodd and Lynn James, Alzheimer’s Society South West London Office, for their local knowledge
- Alzheimer’s Society Central Office who provided publication and dementia guidance
- Dr Robert Lawrence and Dr Malar Barheerathan at South West London and St. George’s Mental Health Trust, and Dr Lees, GP, for providing the foreword.

References

- The Dementia Guide: Living well after diagnosis, Alzheimer’s Society 2013
- Factsheets: Alzheimer’s Society
- Your guide to dementia services in Richmond, May 2013
- Commitment to Excellence in Dementia Care, Richmond CCG 2014

While every effort has been made to ensure details in this publication are correct and up to date, some information may be subject to change. The publication is valid at publication date May 2014.
Alzheimer’s Society is the UK’s leading support and research charity for people with dementia, their families and carers. We provide information and support to people with any form of dementia and their carers through our publications, National Dementia Helpline, website, and more than 2,000 local services. We campaign for better quality of life for people with dementia and greater understanding of dementia. We also fund an innovative programme of medical and social research into the cause, cure and prevention of dementia and the care people receive.

**Alzheimer’s Society Richmond**
South West London office
241 Garratt Lane
Wandsworth
SW18 4DU
T 020 8877 0033
E swlondon@alzheimers.org.uk
Dementia Adviser Office: 020 3513 3659 (answering machine)

**Alzheimer’s Society (Central Office)**
Devon House 58 St Katharine’s Way
London
E1W 1LB
T 020 7423 3500
E info@alzheimers.org.uk
W alzheimers.org.uk
© Alzheimer’s Society May 2014