

## JOB DESCRIPTION

### 1. JOB IDENTIFICATION

Job Title: Post Diagnostic Service Dementia Support Worker

Responsible to: Team Leader – Older Adult Mental Health Teams

Department(s): Midlothian Mental Health Older Adults Services

Directorate: Midlothian- HSCP

Operating Division: Old Age Psychiatry

Job Reference: 163779

No of Job Holders: 1

### 2. JOB PURPOSE

To deliver a minimum of one year's Post Diagnostic Support to people newly diagnosed with dementia. This will be provided after an initial Mental Health Assessments and a diagnosis of Dementia has been delivered to the Person and will enhance the support already given from the Older Adults Community Mental health Teams, Community Psychiatric Nursing Team and the Dementia Advisor, should these services continue to remain involved.

To provide advice, information and support to people with dementia and their carers who are in the process of, or have been diagnosed with dementia, using the 5 Pillar Model of Post Diagnostic Support.

### 3. DIMENSIONS

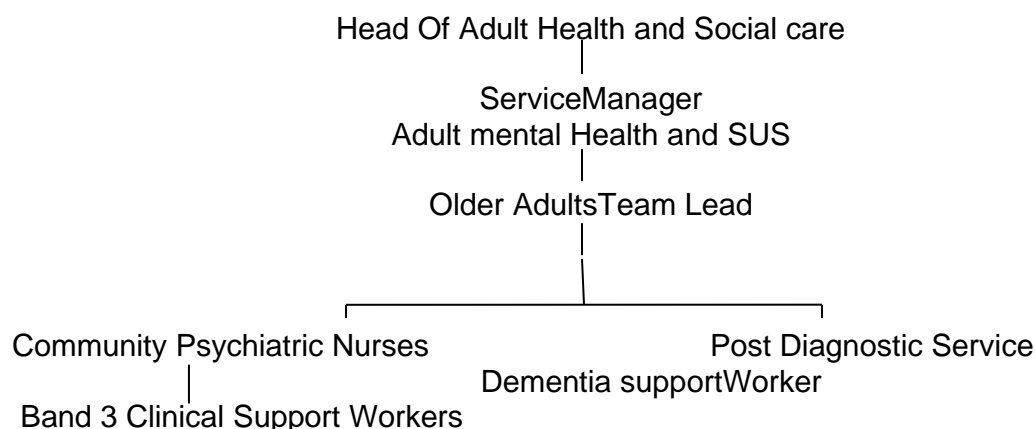
Total caseload numbers will vary depending upon numbers of referrals received and the identified needs of the patient.

The post holder will be expected to work flexibly, covering the Midlothian Demographic area, and practicing in both patients' homes and community settings.

The Dementia Support Worker will initially be based in the Older People's Dementia Team in Midlothian and will be part of the range of services attached to the Older Adult Mental Health Teams.

The post holder is employed within NHS Lothian and there may be a requirement to work flexibly across Lothian to meet service demands.

#### 4. ORGANISATIONAL POSITION



#### 5. ROLE OF DEPARTMENT

To offer a named worker for the minimum of one year, who has flexibility to work alongside the person, their partner and family and ensure that over that 12 months each person is given help and support to work through the five pillars model of care.

#### 6. KEY RESULT AREAS

1. To use the 5 Pillar model to work with people newly diagnosed with dementia, acting as a key worker where appropriate and facilitating change of key worker to other specialist team members as individuals' conditions or needs change.
2. To provide information, advice and support for people who are in the process, or have been recently diagnosed with dementia, their carers and families and assist the person and their family to come to terms with their condition
3. To enable the individual and their family to develop a robust personal plan that utilises their own natural supports, that maintains newly developed peer support mechanisms alongside existing and new community connections that will support each person to live well and independently with dementia for as long as possible.

4. To ensure that post diagnostic support is personalised and flexible which will lead to agreed and specific personal outcomes to maximise independence achievable through use of support available in the community, through services purchased through direct payments or through services provided by the council.
5. Monitor and review personalised outcomes as required and in line with Operational Guidance from NHS.
6. Monitor changing circumstances, identifying and managing risk in line with Operational Guidance.
7. To ensure that information provided to the person with dementia and their family is accurate and up to date and tailored to the personalised outcomes of the individual.
8. To act as a named contact person in the absence of a qualified practitioner and ensure from the onset of a diagnosis of Dementia that patients and carers know whom they can contact as and when required for information advice and support. To maintain and build on relationships with the CMHT for the older adult to ensure quick access to qualified practitioner should any complex mental health issues arise.
9. To enable patients and carers to be more informed and to plan their own pathway through dementia, Including assisting and or sign posting individuals who choose to pursue self directed support.
10. To utilise a health promotion approach to ensure awareness and understanding of the range of diseases known as dementia.
11. To liaise and collaborate with other professionals involved in providing dementia support and care services.
12. If appropriate, facilitate the establishment of support groups/social groups for patients and /or their carers and families. These may include short term educational groups mixed groups and social groups.
13. On completion of the Five pillars model of care, where appropriate, responsible for discharging the person with dementia into a period of self management. This approach converts the person's hopes into a live plan with goals and outcomes specific to the person's life and aspirations.
14. To Participate in Older Adult Mental Health Team meetings and training courses as necessary, and to participate in both formal clinical and management sessions.
15. To contribute to the supervision or development of students or trainees when appropriate.
16. To ensure monthly and annual reports are completed and Dementia Questionnaire for each person is updated on TRAK system as per ISD data collection.
17. Act in accordance with legislation e.g. data protection act/freedom of information act/child protection and adhere to Health and Safety procedures at all times.

## **7a. EQUIPMENT AND MACHINERY**

Use of IT equipment.  
Use of mobile phone.

## **7b. SYSTEMS**

Manual and electronic records - ongoing maintenance and update.

## **8. ASSIGNMENT AND REVIEW OF WORK**

A registered member of staff will supervise and agree the post holder's range of activities for each patient and this should reflect the post holders experience and level of competence.

All referrals will be generated through Consultant Psychiatrist outpatient clinics once a diagnosis of dementia has been confirmed.

## **9. DECISIONS AND JUDGEMENTS**

Under the direction of the qualified member of staff the post holder would be expected to:

Plan caseload/time management.

Prioritise workload.

Recognise changes in patient's behaviour/dementia symptoms through application of training to enhanced level following the Framework for excellence in Dementia Care, and reporting any changes to a registered nurse. Adapt specific interventions according to mental health need and patients ability to undertake activities. This is very much person centred and person specific as to what they wish in their Personal plan/outcomes. For example; work closely with the person with dementia to support them to set up Power of Attorney and other Statements while they are able to make their own choices. Support the person with dementia to develop a person centred support plan with may include "Life Story Work" their wishes and aspiration for their future care.

Report areas of concern.

Identify their role in the personal plan.

Work with and involve other link workers, Alzheimer's Scotland Dementia Advisor, Other 3<sup>rd</sup> Sector Services and social work.

Undertake activities relating to risk management/minimisation to ensure that the person is safe within their environment and utilise assistive technology when required.

Involve family members or significant others in their personal plan.

Carry out basic risk assessment.

The post holder is expected to utilise available resources to maximum effect whilst effectively meeting the essential demands of patient care and use own judgment to determine what actions should be taken when required.

## **10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**

Initial engagements with patients who have been newly diagnosed with dementia.  
Managing changing personal plans which aim to meet the needs of individuals with dementia.  
Working with families who may be distressed/confused.  
The unpredictability of domiciliary environments and ensuring personal safety.

## **11. COMMUNICATIONS AND RELATIONSHIPS**

Develop good communications with other agencies.  
Work closely with Older adult mental Health Teams and Community Nursing Team.  
To develop an understanding of local non statutory agencies e.g. voluntary; leisure; vocational.  
To build therapeutic relationships with patients who are difficult to engage and through the nature of their illness may experience barriers to communication.  
To form professional relationships with patients and their carers and communicate with them in a way that respects their views autonomy and culture.  
To instruct and guide individual patients in the use of therapeutic activities.  
To report effectively to the team on patients performance/progress in areas of self maintenance, productivity and leisure.  
To provide relevant information written and verbal for documents relating to patients progress.  
To participate in MDT clinical meetings.

## **11. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB2**

### **Physical Demands**

Manual handling of patients and/or pieces of equipment required for group work.

### **Mental Demands**

Working unsupervised.  
Concentration required when making decision based on assessment.  
Concentration required dealing with individuals who may be confused or anxious and whose conversations may be difficult to understand.  
Concentration required dealing with practical matters e.g. assistance with directing patients and or carers in obtaining information for benefits.

## **Emotional Demands**

Dealing with patients who are confused and who may be distressed, chaotic and present challenging behaviours.

Working with patients who have chaotic lifestyles and have motivational difficulties.

The post holder can expect to be at risk of exposure to verbal/physical abuse.

Dealing with distressed families.

Dealing with conflict within the MDT.

## **Working Conditions**

The post holder will work in environments which could be unsafe/unpredictable.

Requirement to travel throughout the day within the local community.

## **13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

SCQF Level 7 e.g. SVQ 3/HNC in Health/Social care or equivalent experience.

Experience of working with Older Adults in the field of mental health.

Awareness of the HEAT Target re Post Diagnostic Service and the 5 Pillars model.

Awareness of mental health legislation in practice including the dementia strategy.

Experience of working in health/social care teams.

Experience of working as part of a multidisciplinary team.

Excellent communication skills.

Effective time management and organisational skills.

Experience of benefits/income maximisation.

Experience of delivering care/interventions as per Personal Plan

Knowledge of Local Community Resources

The postholder will be expected to complete the Framework for Excellence to Enhanced Level during the induction period of 12 weeks, including modules in:

Dementia Informed Level,

Dementia Skilled level,

Supporting People Through a diagnosis of Dementia,

Understanding Stress & Distress in Dementia, Complex Physical Health Needs of People With Dementia in Mental Health.

This will be a combination of self directed study and face to face sessions.

**14. JOB DESCRIPTION AGREEMENT**

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Job Holder's Signature:

Date:

Head of Department Signature:

Date: