

Dementia Home Support Service Guidance Notes Form A

These guidance notes have been developed to support assessment and delivery of Dementia Home Supports and can be used alongside the interRAI Assessment or Common Summary Assessment Report (CSARs). Where applicable this form can be submitted as supporting documentation when making an application for home support.

(The interRAI Assessment will in the future replace the CSARS as the primary means of assessing the health and social care needs of people looking for support under the Home Support Services scheme).

Dementia Home Supports aim is to maximise functional ability, promote independence and improve quality of life by providing graded levels of assistance to people living with dementia.

Eligibility Criteria for Dementia Home Supports:

The client (1) has a diagnosis of dementia or mild cognitive impairment (2) lives in the community (3) requires support at home (4) family members are unable or are having difficulty providing care.

| Assessment for dement | tia home supports should be completed <u>w</u> | ith the person and family member/care | e rep (where appro | priate). |
|---|--|---------------------------------------|--------------------|----------|
| Name: | | | DOB: | |
| Address: Date: | | | Date: | |
| | | | | |
| Primary Carer: Contact No.: | | | | |
| 1.1 Dementia affects an individual physically, cognitively, psychologically and socially. Using these classifications the list below can be used alongside the interRAI Assessment or CSARS to help identify the support needs of the person living with dementia. | | | | |
| CLASSIFICATION | SUPPORT NEED PI | | | Please ✓ |
| PHYSICAL SUPPORT NEEDS | Nutritional Support: assisting/preparing/cooking food & drink; assisting/supervision with eating & drinking | | | |
| | ■ Engaging in healthy behaviours: managing health conditions, exercise | | | |
| Staying Healthy | Healthy Personal Care/Hygiene: assistance to wash/shower/bathe, dressing & undressing, continence care and any other additional personal care requirements | | | |
| | ■ Maintaining Safety: assistance with mobilising and using aids, maintaining a safe environment | | | |
| | ■ Managing Essential Household Tasks: assistance with essential tasks and chores | | | |
| COGNITIVE SUPPORT NEEDS | | | | |
| Supporting Cognition Maintaining Ability Understanding & Planning | Planning and Organising the day/week & implementing practical strategies e.g. keeping a diary, using checklists/whiteboard, planning meals | | | |
| | ■ Maintaining Ability: support with personal care, cooking, shopping, tasks/chores | | | |
| | ■ Managing bills & money | | | |
| | Planning ahead i.e. EPA / Wills / Driving / ACP | | | |
| PSYCHOLOGICAL SUPPORT NEEDS Supporting Emotional Wellbeing | ■ Understanding diagnosis and how to live well with dementia - confidence building | | | |
| | ■ Participation in meaningful activities i.e. interests / hobbies / roles | | | |
| | ■ Minimising impact of mood and behavioural changes / non cognitive symptoms dementia | | | |
| SOCIAL SUPPORT NEEDS | ■ Staying/Becoming involved in community activities e.g. clubs/groups/organisations | | | |
| | ■ Continued involvement with friends/peers | | | |
| Staying Connected | ■ Being able to access local shop/church/library/memory café etc. | | | |
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| 1.2 List the person's most pressing needs - discuss what type of support would help them to maximise ability and live as independently |
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| as possible i.e. what is important to them (in their own words). |
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| 1.3 Why are those needs not currently being met - i.e. list any specific difficulties/ barriers. |
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| 1.4 How might those needs be met and by whom? - include the person's natural support network comprising in the first instance of |
| family, then their wider social network i.e. friends/neighbours/colleagues/local community |
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| 1.5 Refer/Signpost to the following supports or services: Please √ | | | | | |
|---|---|---|--|--|--|
| COMMUNITY SERVICES Meals on Wheels Day Care | LOCAL GROUPS/ ORGANISATIONS Befriending Volunteer Service Men's Sheds Leisure/Social Group Resource Group | DEMENTIA SUPPORTS Dementia Specialist/Advisor Memory Resource Room Cognitive Rehabilitation Psychoeducation Programme Cognitive Stimulation Group Memory Cafe Alzheimer Society of Ireland Family Carers Ireland Peer Support Group Advocacy Services | | | |
| Other (describe | Other (describe | Other (describe | | | |
| 2.0 CARERS SUPPORT NEEDS Please ✓ Is the carer having difficulty coping? Is caregiving having a negative impact on their physical health? Is caregiving having a negative impact on their mental health & wellbeing? What is the likelihood of the carer experiencing burnout if present circumstances remain unchanged? What would support them in their caregiving role? | | | | | |
| | | | | | |
| 3.0 CARE & SUPPORT RESPONSE (Health & Social Care) Consider the remaining gaps in support needs that exist for the person Explore what level of support may be required: Please TICK box | | | | | |
| LEVEL 1 | □ LEVEL 2 | □ LEVEL 3 | | | |
| The person requires support to improve or maintain existing ability. The aim is to promo self-management. Main focus is on supporting social engagement but may nee prompts/support with medication management and other tasks. | In addition to level 1, the person requires assistance with personal care i.e. bathing, dressing, and toileting. May also require | The person has a high level of personal care needs. They require help with all ADLs including physical, emotional and social needs. May also require support in the presence of non-cognitive symptoms of dementia. | | | |
| Completed by: | | | | | |
| Role: Signature: | | | | | |