



Dementia Care Management: Person-Centred Pathways, Dementia-Friendly Environments and Carer Support

30 November – 4 December 2026
Dubai - Five-star CBD venue



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Ref: 852_20615 **Date:** 30 November – 4 December 2026 **Location:** Dubai - Five-star CBD venue **Fees:** 19500 SAR

Introduction:

Dementia care falters when memory changes go unnoticed, people living with Alzheimer's disease and other dementias move between wards, care homes and home without a shared plan, distressed behaviour is met with sedation or restraint, and family carers reach breaking point. This Core Concept course equips managers, nurse leads and allied staff to organise dementia care as a coordinated service: recognition and referral, person-centred planning, communication, supportive environments, non-restrictive responses to changed behaviour and carer support. Participants produce a Dementia Care Service Improvement Plan for a case facility.

Course Objectives:

- Describe the main dementia types and stages and their implications for service demand, staffing and care intensity
- Set up early recognition prompts and memory assessment referral routes that non-physician staff can follow
- Write person-centred dementia care plans built on life story information, preferences and remaining abilities
- Apply the DICE approach to investigate distress and changed behaviour and agree non-restrictive responses
- Audit wards, care homes and home settings against dementia-friendly design criteria for orientation, lighting and safe walking
- Build a dementia quality indicator set, carer support offer and staff training plan within a Dementia Care Service Improvement Plan

Target Audience:

- Managers who run hospital wards, memory services or long-term care units where many residents or patients live with dementia
 - Nurse leads who supervise bedside and community teams delivering daily dementia care
 - Allied health staff such as occupational therapists, social workers and dietitians who plan activity, nutrition and discharge for people with dementia
 - Home care coordinators who schedule visits and support families caring for a relative with dementia at home
 - Quality and education leads who set dementia training, audits and improvement priorities
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Course Outline:

Day 1: Dementia Types, Stages and the Current Dementia Service Baseline

- Alzheimer's Disease, Vascular, Lewy Body and Frontotemporal Dementia: Service Implications Overview
- Early, Middle and Late Stage Dementia Profile and Changing Support Intensity
- Rights-Based Approach to Dementia as Described in WHO Dementia Guidance
- Dementia Prevalence Estimate and Caseload Mapping Worksheet for a Facility
- Dementia Service Baseline Audit: Diagnosis Rates, Admissions, Restraint Use and Carer Complaints

Day 2: Dementia Care Pathways, Referral Routes and Person-Centred Frameworks

- Dementia Care Practice Recommendations Topic Map: From Detection to Care Transitions
- Early Recognition Prompts and Memory Assessment Referral Pathway for Non-Physician Staff
- Dementia Service Models: Memory Clinic, Hospital Dementia Team, Specialist Care Unit and Home Support
- Gothenburg Person-Centred Care Routines: Personal Narrative, Shared Plan and Documentation
- Life Story Book and Personal Profile Template for Care Planning

Day 3: Communication, Dementia-Friendly Environments and Daily Living Support

- Communication Techniques with People Living with Dementia: Simple Choices, Validation and Non-Verbal Cues
- Dementia-Friendly Environment Audit Tool: Signage, Colour Contrast, Lighting and Noise
- Meaningful Activity Programme: Music, Reminiscence and Cognitive Stimulation Sessions
- Mealtime Support Checklist: Finger Foods, Adapted Crockery, Weight Monitoring and Hydration Rounds
- Personal Care and Sleep Routine Plans Built Around Lifelong Habits

Day 4: Changed Behaviour, Safety Risks, Capacity and Family Carer Support

- DICE Approach to Distress: Describe, Investigate, Create and Evaluate Behaviour Support Plans
- Restraint Reduction Review: Physical, Chemical and Environmental Restriction Alternatives
- Falls, Wandering and Getting-Lost Risk Plans with Safe Walking Routes and Missing Person Protocol
- Capacity, Best-Interest Decisions, Consent and Advance Care Planning Principles in Dementia
- Family Carer Needs Assessment, WHO iSupport Resources and Respite Options

Day 5: Case Facility Work: Dementia Care Service Improvement Plan

- Case Facility Dementia File Review: Incidents, Restraint Logs, Weight Records and Carer Feedback
 - Dementia Quality Indicator Set: Antipsychotic Use, Falls, Delirium Screening and Carer Strain
 - Dementia Awareness and Skills Training Plan by Staff Group
 - Dementia Care Service Improvement Plan Drafting with Owners, Milestones and Measures
 - Improvement Plan Defence Before a Mock Care Governance Panel
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Skills You Will Gain:

- Dementia Caseload Profiling
- Memory Referral Pathway Design
- Life Story Care Planning
- Distress Behaviour Investigation
- Dementia-Friendly Design Auditing
- Restraint Reduction Review
- Family Carer Needs Assessment
- Dementia Quality Indicator Monitoring

Why Attend This Course:

- Leave with a Dementia Care Service Improvement Plan for a case facility that can be adapted to your own ward, care home or home care service
- Replace sedation and restraint with structured behaviour support that staff can apply on every shift
- Give families a clear carer support and respite offer that reduces crisis admissions
- Compare dementia care practice with peers from hospitals, care homes, home care providers and community services

Conclusion:

Good dementia care depends on services that notice memory change early, know each person's story and adapt the setting rather than restrain the person. The week moves from dementia types, stages and a service baseline, through referral pathways, service models and person-centred frameworks, to communication, dementia-friendly environments and daily living support. It then covers changed behaviour, safety, capacity and carer support, and closes with case facility work that produces a Dementia Care Service Improvement Plan.
