

Inspiring: Home Support

INSPIRING HOME SUPPORT Relationships Matter in Person Centred Dementia Care

The 50 Point Outcomes Checklist

Name of person completing checklist:

Name of Home Support Service:

Date of completion: _____

This Checklist is a rough guide to some of the key features in Inspiring Home Support in Person Centred Dementia Care. The checklist demonstrates that Inspiring Home Support involves both focusing on Quality of Service outcomes and Quality of Life outcomes. Both sets of 25 outcomes need to be actioned together in parallel - the two sets of outcomes are inter connected. The checklist will require further team discussion to ascertain if all team members have the same opinion on how far the service is achieving these outcomes. The checklist can also be used to create discussion amongst team members on each other's understanding of the 50 outcomes. The purpose of this checklist is not to be definitive or comprehensive nor to create another version of institutionalised approaches. All of the points on the checklist need to be considered in terms of their relevance to each individual working as a home support worker and to each individual receiving home support. The purpose of the Checklist is to focus on inspiring and improving culture change in home care support for people living with a dementia. Work quickly through the Checklist on the basis of:

"If I reviewed your home care support service today would I see evidence ofbeing provided / offered to people living with a dementia"?

(Tick one box per item listed below)		YES	NO	PARTLY
QUALITY OF SERVICE OUTCOMES				
Laying the foundations and beliefs in being person centred.				
1.	Attitudes and emotional intelligence are valued most in recruitment not competencies and past experience – evidence is collated to prove this.			
2.	A person centred approach to staff is adopted – evidence exists that managers/call centre staff model being person centred with staff.			
3.	Appraisals measure people’s capacity to be person centred – a validated performance tool is used.			
4.	Emotions at work/emotional labour is formally supported – structured sessions are held with staff on the emotional impact of this work.			
5.	Task orientation is coupled with an equal emphasis on creating positive social interactions – staff are appraised on their ability to combine the two.			
Bedding in Feelings Matter Most beliefs				
6.	A clear vision of person centred care exists in the service – staff can articulate what person centred dementia care in someone’s own home looks, sounds and feels like.			
7.	Partnership working is real, the person is valued as ‘the purchaser’ – families, friends and other professionals are evidenced to be significant partners in the service with family contracts in place.			
8.	Relationship building skills in staff are measured – staff are recruited, trained and appraised on their capacity to build positive ‘best friends’ like relationships.			
9.	Evaluation of home support: this is directly observed in the home on a qualitative basis – the provision of home support for people is evaluated through a qualitative observational method.			
10.	A positive person centred work culture is evidenced – staff express positive comments and feelings of attachment to the service.			
Building solid walls of relationship centred support.				
11.	Diversity is recognized and sensitively and appropriately responded to – the dementia home support service evidences it can meet peoples diverse lifestyle, cultural, racial or religious needs in the context of experiencing a dementia.			
12.	Families and friends understand the model and ethos of person centred care – family briefing packs are provided.			
13.	Contracts emphasise relationship centred care alongside provision of ‘tasks’ – 30 minute minimum visits are contracted and ideally one hour visits both of which are focused on consistency of service and consistency of support workers.			
14.	Family education sessions are provided – the service places significant emphasis on home support staff and families learning together – evidence exists of practically supporting the well being of families as care partners.			
15.	Talking with not ‘about’ people is guaranteed – staff know it is not acceptable to talk in front of people to either colleagues or relatives.			
Filling up with shared learning on person centred skills.				
16.	Sexuality, intimacy and relationship training is paramount – staff receive thorough guidance on person centred responses to this area of people’s lives.			
17.	Later stage dementia care needs can be met – support workers receive specialist training in meeting the needs, feelings and experiences of someone at home in the ‘later stages’ of dementia care.			

18.	Person centred training is turned into action – home support workers are measured in people’s homes on their ability to demonstrate their application of person centred training.			
19.	Knowledge of the different range of dementia’s is held by staff – training for staff focuses on how individual people can be affected differently.			
20.	A policy of feelings being assessed before ‘behaviours’ exists – staff receive associated training.			
Maintaining real home support.				
21.	Efforts are concentrated to keep people feeling safe inside themselves at home – support workers demonstrate a ‘feelings matter most’ approach to people adapting to changes in their lives.			
22.	A support plan system is used which focuses on strengths and emotions – evidence exists that whilst physical needs are supported, a dependency model is not over emphasised and an individual’s strengths, abilities and feelings are maintained.			
23.	Use of labeling language has been removed i.e. wanderer, aggressive etc., - proven evidence exists in support plans, the services communication books, its database and in call centre staffs communication.			
24.	Rights are upheld to taking measured risk whilst meeting health and safety legislation - evidence in risk assessments demonstrates staff balance physical hazards and proven degree of risk with measuring the emotional harm of limiting people’s lives.			
25.	A policy on limited use of anti behavior medication – neuroleptics is implemented, regular reviews of this medication use are held with other professionals – evidence supports this in audited medication record sheets.			
		YES	NO	PARTLY
TOTALS. Please add up the totals on Quality of Service Outcomes.				

QUALITY OF LIFE OUTCOMES		YES	NO	PARTLY
The fundamentals of support.				
1.	Uniforms have been removed – staff look/appear like 'best friends', not like care staff in charge.			
2.	People's individual life histories are valued and reinforced – home support workers evidence use on a daily basis and records of this are held in the home and at the call centre.			
3.	Choice in personal care is fundamental – support workers demonstrate they know how to offer real, meaningful visual choice in the context of experiencing a dementia.			
4.	Time of calls reflects individual needs – staff are flexible in their approach adopting principles of person first i.e. leave person in bed and call later when this is persons choice.			
5.	Controlling care is prohibited – staff receive training on how to prevent the use of controlling care.			
Beginning with 'Feelings Matter Most' approaches.				
6.	Normal life is promoted – home support staff demonstrate they do not disable normal life but are enabling rather than caring.			
7.	People are involved in running their own home – observations demonstrate people living at home being supported to do domestic tasks when they are able to.			
8.	Increased well being is core purpose of home support – well being and ill being profiling is used to increase peoples well being and to monitor ill being and potential for depression.			
9.	Evaluation of Home support visits feel relaxed, feeling based and natural – evidence exists that visits are not over task focused and staff can 'go with the flow.'			
10.	Partnership working is seen, heard and felt in reality – clear evidence exists on calls that families when present in the home are really involved by staff in supporting the person.			
Centering on person centred knowledge				
11.	Different 'stages/experience' of a dementia are recognized – staff know how to match their skills to the individuals experience.			
12.	Peoples functional capacity is assessed and understood using a formal tool – home support workers grasp peoples individual capacity for 'doing'.			
13.	Life skills are maintained – support workers know how and demonstrate ways to maintain people living with a dementia's past life skills at work and in the home.			
14.	Communication skills are adopted – staff know how to change their language using less questions, less logic and less negative words.			
15.	Turning the home into a place for shared activity – staff know how to creatively use the features, rooms and items of someone's home into a way to connect.			
Specialising in dementia specific skills.				
16.	Accepting peoples reality is key to the service – staff demonstrate they understand the 'language of dementia' is not literal but requires feeling based interpretation.			
17.	Closeness is accepted and expected through 'attached professionalism' – staff know that people living with a dementia are more feeling beings and need closeness, inner safety and comfort.			
18.	Imaginative use of reminiscence and memory support is provided on a regular/daily basis – this may involve memory boxes, memory collages, photo albums etc.,			
19.	Someone's home and memories are known – staff demonstrate the relevance of peoples ornaments, pictures and possessions to peoples life history and emotional memory.			

20.	Skilled dementia specific approaches are in evidence – dependent on the timing of the visit a range of approaches are in use matched to the individual – ie sensory skills, hand massage, use of comfort objects, dolls etc.,			
Establishing dementia specific home support.				
21.	Mealtimes are identified as the main focus to share being together – staff create opportunities to share the planning, shopping, preparation, appetite stimulation and eating together of a meal or individual ways to eat ie finger foods etc., whilst still adhering to food hygiene regulations.			
22.	Staff see themselves as 'Activity Workers', 'butterfly' TM skills are seen in action – staff know how to increase their '30 second' connections.			
23.	Cueing in the home is adopted – support workers evidence individual planning on how to adapt a person's home to aid memory and the maintenance of daily skills – using where relevant increased lighting, pictorial signs, post it notes, leaving out rummage and things to occupy the person, use of assistive technology, adapted appliances etc.,			
24.	Importance of attachment to pets is maintained – staff place a strong emphasis on supporting people to continue to care for them.			
25.	Being a member of the community, being part of the wider world is prioritised – staff are observed supporting people to continue with social activities ie shopping, visits to the pub, attending social groups, ensuring transport needs met etc.,			
		YES	NO	PARTLY
TOTALS. Please add up the totals on Quality of Life outcomes.				
COMBINED TOTAL Please add up the totals from the Quality of Service outcomes and the Quality of Life outcomes to create a combined total.				

Please list below any areas that this checklist has not identified that you feel the service is achieving, is partly providing or has not considered but needs to action in developing a more person centred response.				
51.				
52.				
53.				
54.				
55.				
56.				

