

Inspiring: Dementia Care in the NHS.

INSPIRING DEMENTIA CARE IN THE NHS Feelings Matter Most in Person Centred Dementia Care

The 70 Point NHS Culture and Quality of Care Checklist

Name of person completing checklist:

NHS service name:

Date of completion: _____

This Checklist is a rough guide to some of the key features in Inspiring Dementia Care in the NHS. The checklist demonstrates that this involves working on 4 key areas – the Culture of the NHS, the Culture towards Staff, the Culture of Wards and the Culture of Care. Focusing on these 4 cultures and taking an Outcomes Approach this checklist identifies 70 key features. ALL 4 areas make in total 70 outcomes which need to be actioned together in parallel. 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 70 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 in the NHS and to each individual receiving NHS support. The purpose of the Checklist is to focus on inspiring and improving cultures in the NHS for people living with a dementia. Work quickly through the Checklist on the basis of:

*"If I reviewed your NHS service today would I see evidence of
.....being provided / offered to people living with a dementia"?*

(Tick one box per item listed below)		YES	NO	PARTLY
CHANGING CULTURES WITHIN THE NHS – QUALITY OF STRATEGIC OUTCOMES				
Person centred strategic vision.				
1.	The NHS and Social Care services in your locality evidence they are implementing a care pathway for people living with a dementia.			
2.	A clear vision of person centred care exists in the service – staff can articulate what person centred dementia care looks, sounds and feels like in a hospital environment.			
3.	Diversity is recognised and sensitively and appropriately responded to – the ward/service evidences it can meet peoples diverse lifestyle, cultural, racial or religious needs in the context of experiencing a dementia.			
4.	A positive person centred work culture and approach to staff is adopted – evidence exists that managers have been trained in and model being person centred with staff.			
5.	Nurse leadership has adopted the new culture of “attached professionalism” and nurse managers lead on the prevention of a malignant social psychology on wards.			
Feelings Matter Most culture change.				
6.	Emotional intelligence is valued and measured in recruitment and formal appraisal of staff re peoples capacity to be person centred.			
7.	Emotions at work/emotional labour is formally recognised and no longer suppressed. Emotions at work are supported with sessions held for staff on the emotional impact of the work.			
8.	People coming into hospital from care homes have a continuity plan of holistic care put in place by the hospital through liaison with the person’s family, friends and other care services.			
9.	A national minimum staffing level in relation to dementia care needs is set on wards at a 1:4 staffing ratio.			
10.	An active plan in place for each person with a dementia on a hospital ward to prevent their delayed discharge and/or admission to care this care plan includes a person responsible for co-ordination of social care services.			
Dementia specific key posts.				
11.	Strategic person centred leadership – a General Manager with strategic responsibility for implementing person centred dementia care is established.			
12.	Quality improvements – a lead Senior Clinician in Old Age Psychiatry is responsible for quality improvement plans.			
13.	Clinical leadership – a Consultant Nurse post in Dementia Care is established to lead on person centred dementia care best practice.			
14.	Differential diagnosis – every person on a hospital ward with a dementia is assessed by a specialist in relation to their differential diagnosis needs.			
15.	One lead nurse exists on each ward with specialist skills in dementia care, including later stage dementia care, to lead and support individuals care when experiencing a dementia.			
Access to specialist services.				
16.	Specialist liaison older peoples mental health teams are central, in any care planning undertaken by acute wards, in relation to individual peoples dementia care needs during the hospital stay, prior and post discharge.			

17.	Access and referral to a range of physical, psychological and social therapist exists on wards during and post discharge.			
18.	Staff see themselves as 'Activity Workers' – they have been trained in The Butterfly Approach™, knowing how to create lots of 30 second connections and positive moments within a busy day.			
19.	Contenance needs – nurses and continence advisors implement a strengths based approach to help people experiencing a dementia to maintain continence.			
20.	Access to intermediate care services – evidence exists these services can be accessed as a right for people with a dementia, in terms of potential for rehabilitation, post hospital stay.			
		YES	NO	PARTLY
TOTALS. Please add up the totals on Changing Cultures within the NHS - Quality of Strategic Outcomes				
CHANGING CULTURES IN STAFF – QUALITY OF STAFF OUTCOMES				
Applying person centred care to staff.				
21.	NHS Staff see management as feeling based leaders and as person centred towards them and use words which describe this when talking about managers.			
22.	A positive person centred work culture is evidenced – staff express that they receive as staff from their employers the same staff care that they are expected to give people as 'patients'.			
23.	Closeness is accepted and expected of staff through 'attached professionalism'. Staff know that people living with a dementia are more feeling beings and need closeness, inner safety, and comfort.			
24.	Relationship building skills in staff are measured – staff are recruited, trained and appraised on their capacity to build positive 'attached professional', 'best friend like relationships.'			
25.	Person centred training is turned into action – ward staff are measured on their ability to demonstrate their application of person centred training.			
Having person centred knowledge				
26.	Staff understand the model and ethos of person centred care – staff briefing packs are provided to all staff. Staff know how to switch from looking like nurses in charge to appearing like 'best friends' to diffuse situations.			
27.	Knowledge of the different range of dementia's is held by staff – training focuses on how individual people can be affected differently.			
28.	Clear evidence exists that staff have been educated not only in the philosophy but also in practical responses as to how to be person centred.			
29.	Staff know how emotional memory works for people experiencing a dementia and they know how to respond to peoples emotional memories coming to the fore.			
30.	Staff demonstrate they know 'the language of dementia'. Staff know that when they talk about Mum, Dad, Children, School, Work or Home it is again not literal but about how people are feeling now.			

Developing person centred feelings.				
31.	Lots of feeling based communication by staff can be seen occurring: love, comfort and hugs can be seen to be happening when needed.			
32.	Personal care preferences – staff have received training and implement imaginative and supportive ways for people with a dementia to receive help to maintain personal care through visual choice, real dignity and respect.			
33.	Staff have been trained in imaginative and person centred responses to people who feel the need to walk or to 'get out'.			
34.	A policy of feelings being assessed before 'behaviours' exists – staff receive mandatory training on this.			
35.	Sexuality, intimacy and feelings based behaviour training is paramount in dementia care – staff receive thorough guidance on person centred responses to this area of peoples lives.			
Demonstrating person centred skills.				
36.	Attempts are made to group 'patients' i.e. people together with a similar point of experience of a dementia rather than muddling everyone up in order to reduce fear.			
37.	Different 'stages/experience' of a dementia are recognised – staff know how to match their skill to the individuals experience.			
38.	Dementia specific communication skills are adopted for people beyond the early 'stage' of dementia – staff know how to change their language using less questions, less logic and less negative words.			
39.	Staff visibly accept people with a dementia's different realities and do not force their own reality onto 'patients'. – Staff demonstrate they understand the reality is not literal but requires feeling based interpretation.			
40.	Staff know how to help some people with a dementia to be meaningfully occupied in their reality to 'do' a part of a 'work like' job they did in the past.			
		YES	NO	PARTLY
TOTALS. Please add up the totals on Changing Cultures in Staff - Quality of Staff Outcomes.				
CHANGING CULTURES IN WARDS – QUALITY OF SERVICE OUTCOMES				
Person centred principles.				
41.	A qualitative observational methodology is introduced into ward settings measuring quality of life/care and quality of interactions.			
42.	Staff meet legal requirements re risk assessment and health and safety legislation but balance this with including assessing the level of emotional harm in peoples risk assessments caused by over restrictive practices.			
43.	Admission documentation has a compulsory section on the importance of knowing a persons life history as a way of understanding their experience of a dementia now – ward staff evidence understanding and use of this life history on a daily basis.			
44.	Partnership working is seen, heard and felt in reality – clear evidence exists on wards that families/friends are really involved by staff in supporting the person.			
45.	Positive attempts have been made to reduce the clinical, hospital like environment, with an area or 'kits' to give people living with a dementia something to occupy themselves with.			

A person centred atmosphere.				
46.	On arrival into the ward people would see, hear and feel it is a person focused not routine focused service within 5 minutes of walking in.			
47.	Task orientation and ward routines are coupled with an equal emphasis on staff creating positive social interactions – staff are appraised on their ability to combine the two.			
48.	Controlling care is prohibited – staff receive training on how to prevent the use of controlling care. Talking with 'not about' people is guaranteed.			
49.	Labelling language in care plans has been removed ie words such as wanderer, challenging, aggressive are banned – proven evidence exists in care plans, on the wards handovers and in communication books and in ward staffs communication that this has been implemented.			
50.	Sitting, 'being with' people experiencing a dementia is seen as valid work.			
Person centred assessments				
51.	Care plans whilst focusing on healthcare needs, also focus on a person living with a dementia's strengths and emotions, an individuals abilities and qualities, so that a dependency model is not over emphasised and feelings are prioritised.			
52.	Increased well being is seen as one of the core aims of hospital care – well being and ill being profiling is used to monitor this, to increase peoples well being and avoid potential for depression.			
53.	People's functional capacity is assessed and understood using a formal tool – staff grasp peoples individual capacity for 'doing'.			
54.	Emergency admission – evidence exists that a person experiencing a dementia has been consulted with and given emotional support as a priority.			
55.	The Abbey Pain Scale is used to assess pain levels in every person on a ward experiencing a dementia.			
		YES	NO	PARTLY
TOTALS. Please add up the totals on Changing Cultures in Wards - Quality of Service Outcomes.				
CHANGING CULTURES OF CARE – QUALITY OF CARE OUTCOMES				
Partnership working in evidence.				
56.	Continuity is achieved in how a person has been living with a dementia prior to admission – evidence exists that life history information, objects, ways of occupying someone are positively sought, reinforced and continued with on the ward.			
57.	Families and friends are seen as partners with the ward in the care of someone living with a dementia and not treated just as hospital visitors.			
58.	A person with dementia's care plan on a ward considers the individual's need for and support available in terms of their coping skills, confidence and risks of depression, wider spirituality needs and religious needs.			

59.	Decision making on wards – a person with dementia’s level of consent, capacity, actual words spoken, non verbal communication and feelings are recorded in each decision.			
60.	Choice in personal care is fundamental – ward staff demonstrate they know how to offer real, meaningful, visual choice in the context of experiencing a dementia.			
Person centred policies in action.				
61.	Adapting the environment. Cueing in the ward is adopted – ward staff evidence how to adapt to a person’s dementia – using increased lighting, pictorial signs, post it memory notes, leaving out things to occupy the person, use of assistive technology etc., and providing an ‘activity area’. Orientation aids using dementia specific signage, objects and colour exist to enable people to find their way through a range of cues with i.e. pictorial signage on toilets.			
62.	The ward has an ‘activity area’ created where a range of ways to occupy people with a dementia exist in terms of domestic, sensory, work like, rummaging items, compatible with infection control procedures as in care homes.			
63.	Communication aids including pictures to help explain diagnoses and clinical procedures are available on wards to ensure communication with and involvement of people with a dementia in their own care.			
64.	Administration of medication – people living with a dementia are helped to maintain their skills to take their own medication.			
65.	A policy exists on limited use of anti – behaviour medication ie neuroleptics where this is seen as only a last resort to relieve acute distress. Regular reviews of this medication are held with other professionals – evidence supports this in audited medication record sheets.			
Person centred direct care.				
66.	Families, friends and volunteers are encouraged to sit and eat in hospital wards with people living with a dementia.			
67.	Eating and drinking plans – each person has a documented and implemented personal plan involving nutritional screening, preferences at mealtimes and mealtime support.			
68.	Assistance at mealtimes – the ward positively encourages family/friends assistance at mealtime and has a volunteer support service within the hospital to ensure mealtimes achieve people’s needs.			
69.	Reminiscence and memory support is personalised in someones care plan – memory boxes, memory collages, photo albums are encouraged and provided by families etc.,			
70.	People are encouraged to bring in with them comfort objects, sensory items, dolls, soft toys that they would usually have with them to give them a sense of belonging and inner safety .			
		YES	NO	PARTLY
TOTALS. Please add up the totals on Changing Cultures of Care – Quality of Care Outcomes				

	YES	NO	PARTLY
Changing Cultures within the NHS - Quality of Strategic Outcomes			
Changing Cultures in Staff - Quality of Staff Outcomes.			
Changing Cultures in Wards - Quality of Service Outcomes.			
Changing Cultures of Care – Quality of Care Outcomes			
COMBINED TOTAL Please add up the totals			

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.				
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