

Worcestershire

Residential Dementia

Service Standard

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Worcestershire Residential Dementia Service Standard

Personhood – 'Standing or status bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust.' (Kitwood 1997)

NAME OF HOME:

DATE OF OBSERVATIONS:

OBSERVER:

	<u>Standard / Outcome measure</u>	<u>Evaluation method</u>	<u>Clearly meets standard</u>	<u>Partially meets standard</u>	<u>Working towards standard</u>	<u>Clearly does not meet standard</u>
<i>Feelings Matter Most</i>						
F.1	<p>On arrival people will see and hear that the home focuses on feelings as well as physical / behavioural needs.</p> <p>Detailed life history and staff awareness of people's personhood is required prior to move into the care / nursing home setting in all but emergency situations.</p> <p>The individual, their family / friends (where appropriate) are all aware of the home's philosophy of support for people with a dementia and are provided with information on this in writing in advance of move. This will include a statement of how the key principles of Dignity in Care will be provided.</p> <p>The statement will encompass respect, privacy, promotion of self esteem, self worth and information on identity in addition to how physical and health</p>	<p>Communication is emotionally centred and documentation / care plans state this as a consistent approach.</p>				

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	care needs will be met.					
F.2	Therapeutic touch, affection and comfort giving is apparent for those needing it in their home.	Observation of responses to distress. Care plans relating to distress / anxiety met with tenderness and care.				
F.3	Staff can be seen at times 'being' with the people whose home it is – sitting and responding with awareness of their personhood.	Observation and documented life history. Staff aware of peoples' personhood. This detailed information is required prior to move of home in all but emergency situations.				
F.4	Staff are aware of symbolic language for people with dementia and able to respond to the attachment / comfort needs.	Observation and evidence of staff training or experiential knowledge acquired in this area.				
F.5	Staff have positive attitude and feelings for their work.	Staff expressing positive comments and positive approach through observation. Evidence of this being part of recruitment policy / practice.				
F.6	The skills, experience, and number of staff will reflect the emotional, psychological and physical needs of the people whose home it is.	Observation. Dependency ratings – i.e. Mobility, emotional states and staffing levels per shift or per time of day.				
<u>Emotional and Physical Freedom</u>						
E.1	Limited use of anti-behaviour medication – particularly neuroleptics and anti-psychotics. If used only as a last resort. Psycho-	Clear documented evidence for the reason prescribed and what other strategies had first been employed and how. Evidence of				

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	social approaches are completely exhausted before employing a biomedical intervention wherever possible.	assessment of triggers to behaviour – of wellbeing and ill-being in individuals' personal records.				
E.2	<p>People are free to go outside into safe enclosed garden areas which are stimulating.</p> <p>People are able to access their local community and leave the premises of their home.</p>	<p>Observation of locks. Personal records to demonstrate whether, from their previous history, a person likes to be outside and how they would normally use garden areas. Offer meaningful activities for the people who live there, i.e., plants, sheds, washing lines etc.</p> <p>Documentary evidence of people going out of their home into the local community either with staff – individually or in small groups, or with their friends / family.</p>				
E.3	<p>Locks / 'keypads' access systems are not used and certainly not in rooms which people are in. Exceptions are in regards to COSHH.</p> <p>All door furniture is of standard appearance.</p>	<p>Observation of standard front door furniture. Evidence of risk assessments creating opportunities and not depriving or restricting freedom of opportunity.</p> <p>Meeting legal requirements and health and safety but within the context of promoting human rights and evidencing that through the waking day that restrictions to liberty are not used without clear documented reasons to support the</p>				

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		individual's well-being and always show what other methods have already been attempted.				
E.4	Staff clearly recognise the importance of emotional memories and treasured belongings.	Observation - staff demonstrating this in their contact with people.				
E.5	Families feel / seem to be 'at home' rather than visitors or guests. Family / friends are actively and visibly significantly involved in the daily life of the setting, and actively encouraged to be so. Significant others to the person with a dementia will be supported and encouraged to maintain their relationship with the individual unless Adult Protection issues over-ride this.	Observation and questions. The individual, their family / friends (where appropriate) are aware of the homes philosophy of support for people with a dementia and are provided with this in advance including statement of how the key principles of Dignity in Care will be provided. This will encompass respect, privacy, promotion of self esteem, self worth and identity in addition to their physical and health care needs.				
<u>Evidence of a Dementia Specific Environment</u>						
E2.1	Positive attempts have been made to minimise a 'hotel' like environment as people do not live in hotels, whilst retaining a quality environment which looks and feels more like the person's home than a controlling hotel, prison or hospital.	Observation of standard household furniture is apparent through the environment. For example, dressers, bookcases etc.				
E2.2	Small scale domestic living exists and is apparent. i.e., lounges are homely and for 10-12 people and include appropriate standard / 'normal' lounge	Observation of environment.				

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	furniture and fittings. Large lounges are divided into smaller homely areas with household furniture such as bookcases, dressers etc.					
E2.3	Orientation aids to the environment are apparent and frequent – signage is pictorial and written. Colours are used to assist people to find what they want from a range of cues particularly for toilets. Peoples own rooms have significant individualised cues relating to their personhood and life history.	Observation of environment.				
E2.4	Corridors are divided into coloured sections or divided by significant objects / seating to prevent an institutionalised appearance.	Observation of environment.				
E2.5	Corridors are used as stimulating areas and have appropriate items for this purpose.	Observation of environment.				
E2.6	Normal untidiness exists which encourages exploration of the environment and rummage boxes and drawers open, full of interesting items are apparent. This aids stimulation and engagement with life and can reduce boredom, depression and withdrawal. If people are distressed by this the alternatives could be explored, for example, a 'tidy lounge'.	Observation of environment ensuring that those people unable to mobilise are afforded the opportunity to engage in the stimulation.				

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E2.7	Lounges have some sofas to promote choice. Seating is not vinyl or plastic in effect as this can significantly affect tissue viability.	Observation of environment.				
E2.8	Areas in the setting have appropriate artwork and pictures to denote the function of that particular area and so assist the maintenance of orientation. For example, food or meal related art in dining areas.	Observation of environment.				
E2.9	Bathrooms are not plain clinical areas but are warm and inviting places to relax in. Protective clothing or bulk hygiene related goods i.e., packs of continence aids, wipes, skin cleansers are not left on view.	Observation of environment.				
<u>Life - Not 'Herding' Routines</u>						
L.1	The choice of meals is visually shown to each person at the mealtime so they are able to make their choice.	Mealtime observation.				
L.2	Mealtimes – making the ordinary extraordinary. Staff eat with the people with a dementia and demonstrate skills in facilitating mealtimes as a social occasion. Reminiscence and active listening skills are used to maximise states of emotional well-being and	Mealtime observation.				

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	social interaction, whilst promoting and maintaining dignity.					
L.3	Food is visible in communal areas with the aim to encourage people to eat when they are hungry. Adequate supervision is required to ensure well-being for those on non-standard diets.	Observation.				
L.4	Use of smells and food discussion is used during meals to assist promotion of dietary intake. Meals – appropriate nutritional intake should be available in line with individual daily routine/ hunger needs.	Observation of custom and practice				
L.5	Staff monitor peoples toilet need patterns and no institutionalised 'toileting routines' are used.	Observation and evidence that individual routines or signifying behaviours are assessed and planned in personal documentation and implemented.				
L.6	Natural wakening is adopted unless negative impact to health status and associated well-being can be proven.	Observation and documentation in records.				
L.7	Medication is prescribed in line with the person's natural waking time unless validated medical evidence shows it must be given at a particular time.	Observation. Review of medication charts. G.P. Liaison if required.				
<u>Meaningful Occupation – Minimising Boredom, Depression, Apathy and Withdrawal</u>						
M.1	People with a dementia are supported to maintain domestic activity to the level of their ability.	Observation of activity, boredom, apathy and searching behaviours, life history documentation and				

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		individual activity plans which are evidenced daily.				
M.2	People with a dementia who are experiencing 'another time' of their life, are supported in their reality to engage in activity congruent with this, i.e., perhaps a previous role or employment.	Observation, life history and other documentation supporting this. Evidence from staff interactions of it occurring.				
M.3	Sensory calming and sensory stimulating items and interactions are used when required through the day.	Observation.				
M.4	Attempts are made to not mix people with significantly different abilities or at different points in their experience of a dementia which can cause anxiety/fear.	Observation and documented level of functioning.				
M.5	Staff are able to determine the right level of activity and occupation appropriate to the individual in relation to their experience of dementia.	Observation of a range of explorative, sensory and reflex based activity.				
M.6	All staff recognise the role of meaningful activity and facilitate this, not only 'activity coordinators'	Observation and documented records.				
M.7	Comfort objects significant to the people with a dementia are available and visible within their reach in the service setting.	Observation.				
M.10	Massage and other sensory / physical therapies occur during the week.	Observation and documented individual records.				
M.11	High level of interaction between staff and people with a dementia creating	Observation of staff promoting positive emotional states through				

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	high frequency of moments of increased well-being.	individualised interaction through voice and or touch.				
M.12	Choices of music and sounds congruent with the personhood and life history of the person with a dementia is apparent and used regularly either in communal areas or for the individual personally.	Observation / listening and visible use of appropriate television, radio, natural sounds i.e. birdsong, and music in communal areas. Individuals are encouraged to have the same in their rooms. Some use of personal headphone music players.				
<u>Awareness of Barriers to Person and Relationship Centred Care Approach</u>						
A.1	Management is aware of, and staff supported through, humanistic reflective practice approaches and not only performance / organisational needs-led 'supervision'.	Home staff support / reflective practice policy and related documentation.				
A.2	The clothes staff wear show they are peer helpers / friends, rather than in-power, in-charge or controlling.	Observation and home dress code / policy.				
A.3	Staff do not have separate privileges – i.e. crockery / cutlery and toilets.	Observation and home policy.				
A.4	Use of institutionalized routine equipment has been stopped. Medication administered / distributed individually from locked cupboards in their own rooms unless it requires storage for temperature control. Medication is prescribed to support this in regards to individual's routine. Trolleys are not apparent in dining areas and meals are served individually.	Observation, home policy, medication prescription sheets. Mealtime observation.				

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A.5	Routines are minimal, and there is not a sense of hotel, prison or hospital.	Observation				
A.6	Managers can be seen daily 'on the floor' supporting the approach and modelling Person Centred Care for their staff team	Observation shows that managers demonstrate they have skills in, and an understanding of, personal centred approaches.				
A.7	Staff see management as feeling based leaders.	Staff use words to describe this when talking of management.				
A.8	The homes custom and practice of service delivery is based on humanity and compassion with people having the opportunity to influence their experience.	Policy and practice. Evidence of any such 'philosophy of care' or 'mission statement' is being practically applied to daily running of the home across all in contact with the service. People have the opportunity to engage in meetings relevant to the running of the service.				
A.9	No language that labels people is used. People are not described as demented, a diabetic, a wanderer, challenging, aggressive, violent are not used by any staff. People are not 'talked about' in communal areas.	Observation of staff communication and wording of assessments care plans or other records.				
<u>Person Centred Care Planning</u>						
P.1	Care plans show that they focus on strengths and abilities and are not only loss, disability or problem focused.	Review of documentation in individual personal records including assessment of strengths, planning of care, evaluation of care and observed implementation of plans.				

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P.2	Detailed life histories are the foundation of care. Activity meaningful for the person is encouraged and is congruent with their level of functioning and emotional needs.	Review of documentation in individual personal records and observation.				
P.3	Specialist skills in 'later stage' dementia care are evident in the assessment, care planning, implementation and evaluation process. Consideration has been given to the use of the End of Life Care Pathway and people are supported to make advanced decisions when possible.	Observation, review of documentation in individual personal records, training records and practical implementation.				

Current level of achievement on each item of standard will be recorded using the following phrases:

- Not met.
- Working towards
- Nearly met
- Fully met

'Acknowledgements to Dementia Care Matters, the Worcestershire Standards are based on the 50 Point Checklist authored by David Sheard in 'Inspiring, leadership matters in dementia care' (2008), published by Alzheimers Society.