

South West Dementia Partnership



Dementia Quality Mark

Quality assurance tools

Author: David Francis, Department of Health South West, david.francis@dh.gsi.gov.uk
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www.southwestdementiapartnership.org.uk

Appendix 5: Quality assurance tools

These tools have been developed in response to requests from care homes. They are based on person centred theories (ref: Tom Kitwood) and the observational methodologies developed from them (Dementia Care Mapping, SOFI). They also reflect the importance of staff providing care being knowledgeable about the person they are caring for and the need for positive occupation. They are linked to the Person Centred Planning Tool and the Dementia Quality Mark which have been developed by the South West Dementia Partnership.

Tool 1: Observational audit

This tool supports people to capture outcomes that can be scored. It could be used by a staff member who is trained in person centred care, even a trained volunteer, or a staff peer from another home. Care needs to be taken with confidentiality and ensuring permission/ acceptance from those involved is gained verbally or non-verbally. It could be used using short time intervals (e.g. 5mins) over a short period, e.g. mealtimes over long time periods perhaps half-hourly as a means of capturing a whole "day in the life". It could be used prior to a six monthly review as an aid to support planning.

Example: The tool could be used track four people during the course of a whole day, observing each person for 5 minutes at different times of the hour, person 1 at O'clock, person 2 at quarter past, person 3 at half past, person 4 at quarter to.

As with other observational tools the rule would be to default to the most positive score noted during the time period, with the exception of staff interaction where all interactions during the period should be coded.

Tool 2: Person centred care planning audit

This tool is based on the principle that even if person centred support/ care planning is completed it is often not transmitted to the daily experience of people living in care homes. Because of the need to look at confidential records, it is likely to be used by care home staff or others who have permission to look at care plans, e.g. inspectors, relatives with LPA. Capable new staff could use it as part of their induction. It could also be used by a key worker to prepare for a review.

It provides the home with a score to show how many elements of person centred plans are in place and effective and can be totalled so that over time the home can assess its general performance in delivering on plans. In practice a check is made to see if key expectations in a person's support plan are being delivered through

observation, discussion with the person living in the care home and checking with staff. It could be completed as a follow up after an observational audit (above), i.e. how did the observations match expectations in the plan. It could also be used across a number of people around a theme, e.g. occupation or cognitive ability to see how the home is delivering against those particular elements of support.

Tool 1: Observational Tool

Complete the recording table using the following codes:

Mood state; e.g. contentment vs. anxiety and distress;

Distressed/ agitated	Switched off	Content	Positively content/ happy
-1	0	+1	+2

Occupation: doing things

Bored / restless	Doing nothing	Doing something	Busy and satisfied
-1	0	+1	+2

Engagement: relating to the world around you, staff, visitors, pets, objects

Withdrawn/ blank	Observing only	Engaged	Pleasurable engagement
-1	0	+1	+2

Quality of Staff Interactions: these can be positive and enabling, neutral and cold or negative and critical.

(Only record if staff are interacting)

Negative/ critical	Neutral / task only	Encouraging	Very encouraging /warmth
-2	-1	+1	+2

Comments column:

To be used for comments on engagement (e.g. who, what), what person was doing, outstanding observations - "laughing", or noting if the person was sleeping or not around. Note: If sleeping just put this in do not use other codes.

Used over a number of people, over a number of times you build an impression of the average levels of engagement and occupation in a care home and the quality of staff interactions. These can be totalled and compared over time. These are all things the home can directly influence by providing a positive “social environment”.

Mood scores can also be aggregated but the results should be treated with caution: however if a person/ group of people is frequently in a low or distressed mood state this should be a cause of concern.

You can also capture an indication of the level of daytime sleeping.

It should be obvious if there is a natural familiarity between staff and the people they care for, but as part of exercise the observer might at some point to talk to staff to check.

Observers should be alert to any positive benefits/ barriers presented by the physical environment.

General comments of observer:

High points:

Low Points:

Talking to staff: (How well do they know the person?).

Overall	Not at all	Limited effort	Positive efforts	Positive efforts with real gains
How well was this person supported to do things for themselves and be in control of their lives?				
How well was this person supported to maintain their identity?				
How well was this person supported to be occupied?				
How well was this person supported to have relationships with others?				
Overall was this person treated with dignity and respect				
How much effort have staff made to know the person?				

Recommendations/ suggestions improve life for the person with dementia:

Tool 2: Person centred care planning audit

Score: Yes = 1, No = 0

Person:

Observer:

Date:

	Recorded	Evident in practice	Known to staff	Comment
Preferred name				
Wishes / best interests				
Legal rights safeguarded e.g. ref MCA /DOLS/LPA		N/A	N/A	
Support with managing risk				
Cognitive needs: abilities / support required				
Personality: wishes and support needs				

	Recorded	Evident in practice	Known to staff	Comment
Biography: opportunities and support needs				
Physical healthcare: wishes and support needs				
Medication review in last 6 months	N/A		N/A	NB: Note if antipsychotics in use.
Eating and drinking: wishes and support needs				
Sensory needs: support needs				
Spirituality: wishes and support needs recorded				
Occupation: wishes and support needs				
Entertainment: wishes and support needs				

	Recorded	Evident in practice	Known to staff	Comment
Environment: wishes and support needs				
Family and friends: wishes and support needs				
Being around others: wishes and support needs				
End of life support plan in place		N/A	N/A	
Total				

Overall impression: (can also be totalled over a number of people)

	Not at all	Limited effort	Positive efforts	Positive efforts with real gains
How well is this person supported to do things for themselves and be in control of their lives?				
How well is this person supported to maintain their identity?				
How well is this person supported to be positively occupied?				
How well is this person being supported to develop and maintain relationships?				
How well is this person supported emotionally, e.g. offered comfort and support with their feelings?				

Comments: Positive achievements / areas where improvements should be made