

Andrew Sutcliffe  
Dementia

Alzheimer's  
Society

Leading the  
fight against  
dementia

# Inspiring

leadership matters  
in dementia care



## INSPIRING ACTION

Leadership Matters in Person Centred Dementia Care

# The 50 Point Action Checklist

31/6/19

Name of person completing checklist: *Anne Brow*

Care setting: *Houses - Village*

Date of completion: *11/5/15*

This Checklist is a rough guide to some of the key features in Inspiring Action in Person Centred Dementia Care. The checklist will require further team discussion to ascertain if all team members have the same opinion. The checklist can also be used to create discussion amongst team members on each other's understanding of the items. The items 1 – 50 are listed in priority order in terms of the headings. 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. The purpose of the Checklist is to focus on inspiring and improving culture change in dementia care.. Work quickly through the Checklist on the basis of:

"If I came to your care setting today would I see evidence of *Partly person-centred* being provided / offered to people with dementia"? *Care*

(Tick one box per item listed below)		YES	NO	PARTLY
21.	Regular use of the outdoors is ensured where outdoors and indoors merge together as one area to occupy people with for example a busy garden, an old car on blocks, washing lines,	X		
22.	Limited use exists of anti-behaviour medication – neuroleptics – where this is only as a last resort to relieve acute distress.	X		
<b>Creating meaningful ways to occupy</b>				
23.	People with a dementia are seen regularly doing domestic activities throughout the day.			X
24.	Some people with a dementia are helped in their reality to 'do' a part of a work like job they did in the past.		X	
25.	Sensory calming and sensory stimulating items and a variety of their approaches are alternated at different periods of time during the day.	X		
26.	Attempts are made not to mix up people with a dementia at different 'points' of experience who are fearful of one another.	X		
27.	Knowledge exists of how to 'match' the right level of activity and occupation appropriate to where an individual is in relation to their point of experience of a dementia.	X		
28.	Dolls, prams, soft toys, comfort objects are all available and visible within the service.	X		
29.	Massage and other physical therapies occur during the week.	X		
30.	Use of sensory fabrics to touch and feel for example velvet, fur etc are scattered about.	X		
31.	Masses of 30 second connections between staff and people who are in the care setting occur – staff look like they know how to be butterflies creating lots of positive			X
32.	Choices of individual music geared to individuals and natural sounds, i.e. bird song are introduced.	X		
<b>Focusing on the Mealtime Experience</b>				
33.	Meal choice is shown at the time of the meal.	X		
34.	The mealtime experience is turned into a social occasion and not a task. Staff are clearly trained in how to keep mealtime conversations going using objects, items in their pockets, perspex boxes on tables which are full of things to talk about including photos.			X
35.	24 hour visible food is out in public areas and corridors – changed hourly to meet Food Hygiene Regulations, with the aim of encouraging people to eat when they feel like it.			X
36.	Use of smells from cooking and food discussion, food pictures are actively used to orientate people 45 minutes prior to a meal with the aim of encouraging an increase in weight			X
<b>Person Centred Care Planning</b>				
37.	Care plans show they focus on people's strengths and not lists of losses and dependency nor on problem based sheets.			X
38.	Detailed life histories – books, memory boxes etc are being used daily by people working and living there.	X		
39.	Specialist skills in 'later stage' dementia care are evident.			X

11 1 7