

# Inspiring

leadership matters  
in dementia care



## INSPIRING ACTION

### Leadership Matters in Person Centred Dementia Care

# The 50 Point Action Checklist

<p><b>Name of person completing checklist:</b> .....</p> <p><b>Care setting:</b> .....</p> <p><b>Date of completion:</b> .....</p>
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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 .....  
being provided / offered to people with dementia”?*

(Tick one box per item listed below)		YES	NO	PARTLY
<b>Removal of Them and Us Barriers leading to Culture Change</b>				
1.	Uniforms have been removed and staff look like 'best friends' and not like nurses in charge.			
2.	All toilets are communal and there are no separate staff toilets.			
3.	Staff do sit to eat meals with people with a dementia.			
4.	All use of trolleys has been stopped – medication is given out individually from locked cupboards in people's own rooms. Drinks and meals are served individually.			
5.	There is a relaxed 'go with the flow' feel to the day with no sense of the routines that occur in hospital.			
6.	Evidence can be seen of managers modelling person centred care 'on the floor' daily.			
7.	Staff see management as feeling based leaders towards them and use words which describe this when talking about managers.			
8.	Labelling language in care plans has been removed i.e. words such as wanderer, challenging, aggressive, are banned and staff do not use this language nor 'talk about' people in communal areas in front of people.			
<b>Feelings Matter Most Approaches</b>				
9.	On arrival people would see, hear and feel immediately it is a feeling based Home within 5 minutes of walking in.			
10.	Lots of feelings based communication by staff can be seen occurring.			
11.	Love, comfort and hugs can be seen to be visibly happening when needed.			
12.	Staff can be seen at times sitting and just 'being with' people who live there.			
13.	Staff demonstrate they know when people with dementia talk about Mum, Dad, kids, school, home and work, it is often not literal but about how people are feeling now.			
14.	Staff express positive comments about why they work there and the feelings working there creates for them.			
15.	Staff are able to express the care setting's one key belief, its one purpose about dementia care.			
<b>Evidence of Physical and Emotional Freedom</b>				
16.	People are freely able to go outside into safe enclosed private areas without needing locks unlocked or having to be accompanied.			
17.	Families seem to be 'at home' rather than as visitors or guests and are visibly significantly involved in the daily life of the setting.			
18.	Families are visibly accepting people with a dementia's different realities and appear not to try to force their own reality when they visit. Clear evidence exists that families have been educated in the philosophy of the setting.			
19.	Staff are not obsessed with risk prevention and health and safety – they meet legal requirements but evidence during the day that their approach is in the context of promoting rights.			
20.	Staff clearly recognise the importance of people's emotional memory and their treasured emotional possessions and demonstrate this in their contact with people.			

(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, 'activity' based sheds etc.			
22.	Limited use exists of anti-behaviour medication – neuroleptics – where this is only as a last resort to relieve acute distress.			
<b>Creating meaningful ways to occupy</b>				
23.	People with a dementia are seen regularly doing domestic activities throughout the day.			
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.			
25.	Sensory calming and sensory stimulating items and a variety of their approaches are alternated at different periods of time during the day.			
26.	Attempts are made not to mix up people with a dementia at different 'points' of experience who are fearful of one another.			
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.			
28.	Dolls, prams, soft toys, comfort objects are all available and visible within the service.			
29.	Massage and other physical therapies occur during the week.			
30.	Use of sensory fabrics to touch and feel for example velvet, fur etc are scattered about.			
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 moments.			
32.	Choices of individual music geared to individuals and natural sounds, i.e. bird song are introduced.			
<b>Focusing on the Mealtime Experience</b>				
33.	Meal choice is shown at the time of the meal.			
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.			
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.			
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 appetite.			
<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.			
38.	Detailed life histories – books, memory boxes etc are being used daily by people working and living there.			
39.	Specialist skills in 'later stage' dementia care are evident.			
<b>Evidence of a Dementia Specific Environment</b>				
40.	Positive attempts have been made to reduce the impact of a hotel like environment whilst retaining a quality environment – it looks more like a home than a hotel.			

(Tick one box per item listed below)		YES	NO	PARTLY
41.	Real small-scale domestic living exists i.e. maximum lounge sizes of 10 – 12 people.			
42.	Orientation aids i.e. colour and objects and appropriate signage throughout building exist to enable people to find their way through a range of cues.			
43.	Corridors exist which are divided into coloured sections or divided up with objects and / or seating to prevent institutionalisation.			
44.	Corridors are full of 'activity items – things to occupy' i.e. on tables and walls, activity boards, sensory areas – corridors seen as areas of stimulation.			
45.	Untidiness exists with clutter, rummage items all out in lounges, corridors etc. Lounges are full of rummage boxes, open chests of drawers and the rooms are full with all these items out and being passed around.			
46.	Bedroom doors look easily identifiable – very individual with either colour, notice boards or memory boxes by door, whatever works for each person.			
47.	Pictorial signage on toilets exists.			
48.	Lounges have sofas.			
49.	Lounges have artwork and pictures that denote the function of the room as a cue i.e. not confusing pictures unrelated to room function.			
50.	Bathrooms are not clinical but warm, inviting places to want to relax in – reduction of reflective tiling, and glare, been actioned, they appear warm and friendly.			
		YES	NO	PARTLY
<b>TOTALS</b>				
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.				
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