



DEMENTIA CARE MATTERS QUALITATIVE BASELINE OBSERVATIONAL AUDIT

265 High Road
Chilwell
Nottingham

A qualitative one-day observation of the lived experience of people living with a dementia

Audit date: 17 December 2016

Commissioned by: Ros and Rob Heath

Auditor: Gwen Coleman

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APPENDIX

Qualitative Observational Audit – Pre Questionnaire

1. Context

Landermeads is a large care home in Chilwell, a suburb of Nottingham. The home is registered for people who require nursing or personal care. Landermeads can accommodate 86 people with current occupancy at 100%.

Landermeads is divided into five houses; three of the five houses provide support for people living with dementia. Lander House provides support for people living with and without dementia. Catherine Tam House supports people who do not have dementia. Catherine Tam House was not part of this observational audit.

Staffing during the day is as follows:

The Meads - supports 26 family members

One House Leader Full time not counted in the numbers (also oversees Buttermeads)
Two Homemakers during on an early shift and one in an afternoon
One Team Leader
One D grade
Three Support Staff

Buttermeads – supports 9 family members

One House Leader Full time not counted in the numbers (shared with the Meads)
One Homemaker
One Team Leader
One Support Worker

Lander House –supports 26 family members

One House Leader Full time not counted in the numbers (also oversees Stoppard House)
One Homemaker throughout the day and evening
One Team Leader
One D grade
Three Support Staff
9-1 shift responsible for personalised support

Stoppard House – supports 8 family members

One House Leader Full time not counted in the numbers (shared with Lander House)
One Team Leader
One Support Staff

Positives

Ros describes the positives at Landermeads *'we are both passionate about and proud of what we do. A summary of this is:*

- *The culture of emotionally led support is deeply embedded now and staff promote it themselves.*
- *There is mandatory training in the Butterfly approach – two days every year, one around our own emotionally journey and how our vulnerability enables us to connect with our family members and the second around the tools we need to deliver it effectively. New staff are inducted around these principles.*
- *Our family members live well and this is evidenced in their physical and emotional well-being and the wonderful relationships and love they share with staff.*
- *We have a fantastic, dedicated and committed leadership team who work beyond the call of duty to sustain this ethos. They totally get what we do and are passionate about maintaining it.*
- *As a leadership team we work openly and honestly with each other and trust each other's opinions and ideas. This means we work through all issues together with a common purpose.*
- *We have built up a healthy and positive relationship with relatives and meet several times a year to share what we do and get feedback.*
- *We have a thriving private Facebook page on which we share magic moments every day. This means that a wealth of magic moments is shared between us on a daily basis enabling us to promote the benefits of this culture.*
- *We continue to adapt and change the environment in each house in subtle ways that are a direct response to the family members who live there.*
- *We have developed One Page Profiles with every staff member and these are displayed on the walls of each house.*

Ros describes the challenges and development Issues as:

- *The biggest challenge continues to be sustainability. We have a staff team who do get this and the approach is embedded. However, human nature is such that people relax if it isn't always a priority. We are committed to mandatory training for all staff once a year and keeping the ethos at the forefront of every other training and meeting. We also believe strongly in leaders being a visible presence modelling what we believe.*
- *Over the past year we have had to reassess the people who live in Stoppard House. We have found that a family of people who all live with a dementia that expresses itself in repetitive motion has not worked. It has led to an environment that has been a trigger to the people we have been trying to make safe. Stoppard House now supports people who live with a dementia with different needs and expressions. We have no 'category' for this but at present it works very well. We will need to continue to assess this over the next few months and respond accordingly if needed.*
- *Lander House supports family members who either have full capacity or are living with a dementia in the early stages. This has brought us challenges as some of our family members who have capacity enjoy routine, tidiness and 'prompt service'!! All our staff are fully trained in the Butterfly ethos and are fantastic at delivering it but they also must be mindful that there are times when they do need to adapt to different people. We are in the process of looking at ways of managing this.*
- *We have started to work with Helen Sanderson around personalising the support we offer and our aim in the New Year is to look at what is important to each family member in the form of a One Page Profile developed with their relatives. We aim to*

identify dedicated time for individuals to enable them to do something that is important to them.

- *We aim to personalise mealtimes more so that main meals are no longer prepared centrally but are cooked in houses so they reflect the needs of the people who live there.*

Qualitative Audit

Dementia Care Matters is an international Dementia Care Organisation founded in 1995 providing Consultancy, Training, Research and Service Development with the team working across the UK and Ireland. Dr David Sheard is CEO/Founder, a Visiting Senior Fellow in the School of Health and Social Care, and Doctor of the University at the University of Surrey, with an extensive list of publications and conference papers presented throughout the UK, Ireland, USA, Canada and Australia.

Key Findings

5.5 hours of observational qualitative data were collated over a one-day period. In addition to the observational data recorded on the day, the auditors also collected data to be measured against Dementia Care Matters **'Environment Matters in Dementia Care Homes: The 'LOOK' Checklist: Thirty Indicators'** (See section 10 of this report) and **'The Butterfly Household Model of Care Action Checklist v.2'** (See section 11 of this report).

It is accepted this is only one day in the life of Landermeads which is influenced by the audit occurring itself, particular staff on duty, the presence of an auditor etc. However, this methodology is used extensively across the UK, with over 700 audits undertaken, and provides a reasonable account of general themes and within a spectrum of many care homes, the general level of specialist dementia care currently being achieved.

2. Summary and Key Findings

Overall Summary

Audit Level

Landermeads overall came out on this qualitative baseline observational audit as below:

Level 1 Exceptional person centred dementia care of the highest quality of life level.

This is a tremendous achievement for the whole team who should be congratulated on maintaining a Level 1 kite mark award for the fourth year running. The skill and commitment demonstrated by the team appears effortless with an approach that continuously evolves with the people who live here. The team share caring and loving relationships with the people who live at Landermeads and there is a genuine sense of family living and working together. There is no evidence of controlling care which continues to be successfully replaced with an enabling approach resulting in exceptional high levels of well-being.

Level 1 is a home providing exceptional person centred care and Level 6 – is a home experiencing a malignant social psychology needing a radical action plan. See part three of this report for an explanation of the different levels.

Methodology

This Qualitative Observational Methodology, following collation of the qualitative data, rates a home at a spectrum of care from Level 1 which equals exceptional person centred care to Level 10 where the homes culture would usually require severe legal enforcement/notice of closure by the regulator.

The average result of 70% of over 700 Qualitative Observational Audits would be for a home to achieve on a baseline audit an outcome of Level 6 and homes rated effectively 'off scale' i.e. outside this validated tools methodology at Level 7-10 are homes that require serious urgent action to address a major culture change programme.

Homes wishing to achieve Dementia Care Matters National Quality of Life 'Kite Mark' – the Butterfly Quality of Life Award would need to achieve Level 3 or above.

Context to Audit Level

It is an absolute joy to spend time at Landermeads with the family who live and work together. The team are humble and sincere, they exude a warm confidence and skilful approach to their work here.

For the first time Lander House was included during the observation and this demonstrated how unique this area is. It is not easy to spot who is living with or without dementia here; the team are loving, caring and connected to people. They demonstrate the core skills and Butterflying approach seen in the other households whilst being aware of the difference in the needs and expectations of the people who share life in Lander House. They have committed to a flexible approach in how they support people who are living here with or without a dementia.

The Meads, Stoppard, Buttermeads and Lander House are self-sufficient and unique with their own identities and personalised relevant to the people who live here. The households provide lots of opportunities for people living here to share lives and be involved in the day to day running of the house. Two resident cats and a dog add a real sense of home.

The team blend exceptionally well together, their unique personalities complementing each other as they demonstrate their skill and knowledge moving effortlessly between people providing comfort, conversation and engagement. The friendship and relationship between the team and people living here is demonstrated with a genuine closeness and sharing of hugs and love. There is an ease and comfort between family members sharing their day together.

The high quality approach to care is immediately obvious and reflected in the levels of well-being. People are enabled and empowered to be independent and there is much thought and effort gone into planning an active and engaging day relevant for all of the people who live here, at whatever point of dementia they are experiencing. Tables are wonderfully inviting, a place to be busy.

The team demonstrate their ability to connect with people's in the moment, accepting and validating emotions, feelings and a person reality. A wonderful example of this when a woman made a sad remark about her parents; this was acknowledged, responded too and explored, but gently and cleverly the conversation ended on a high note discussing how fabulous the woman would look at the party. She was beaming.

It is a pleasure to watch the apparent ease in which the team organise themselves to ensure everyone in the household is included and connected with frequently; it is impossible to tell who is who; the housekeepers, house leaders, carers and nurses all work to the same philosophy and approach.

Landermeads is clearly, as confirmed in 2016 rating by CQC, an 'Outstanding' home and could continue to be so for another 2-3 years.

Model of Care – Recommendations

The leadership team are driven and focused. There is a constant awareness of the work needed to sustain this excellent level of person centred dementia care. Nothing is taken for granted and Landermeads continues to evolve. The environmental development of Buttermeads with its kitchen area has paid dividends creating a fully functional House and all the sensory experiences of food cooked here that goes with it.

The mixed households of Lander House and currently Stoppard will require the team to be always vigilant of the different approaches and skill sets e.g. communication and occupation needed to adjust to the person's point of dementia. The strong foundation of core skills in the team provide a perfect platform for this.

Enablement and Occupation

Continue to drive the enablement of all people where ever possible to be involved in day to day life using the life skills they have; this is more relevant to The Meads, Stoppard and Lander house. Providing opportunities to be fully part of making and enjoying tea/drinks pouring, milk and stirring in sugar, buttering bread and adding jam etc. Continue to exploit all opportunities to bring a variety of connections to people via tablet or IPAD which can engage through film, U tube, drawing, visual clips of nature, animals as well as music and unique natural sounds. Audio books which were evident in Lander House can also be played through a table with images.

A book was read to a woman in Buttermeads and this was lovely to hear. A variation of books around that connect to people's hobbies/interests/work and family life always provides an opportunity to reach people.

A woman in Buttermeads talks and asks about dogs and the team demonstrate their knowledge of her passion for dogs. Would the experience of seeing the resident dog in Lander House be something she could draw pleasure from? This would be a wonderful connection for her and some of the people living in Buttermeads.

Life story

The commitment to developing life story work both for the team and people who live here will add to and enhance further the quality of life interactions. Some of the most powerful and rewarding interactions observed on the day of the audit, between the team and people who live here, were those based on life story. A man is given items to be busy with connected to his job and this is an instant cue for conversation; a woman comes alive when she is given a picture of her dog; instant humour and chat when a magazine picture related to rugby is given to a woman which is clearly a passion for her. Another woman's link to her faith is encouraged through song and she celebrates this part of her life leading a choir of voices. A team member shares part of her own life, she shows a photograph of her pets and this creates conversation with several woman she is supporting.

Building upon the knowledge the whole team have about the people who live here to reach, connect and occupy people at different points of dementia will underpin and contribute to the sustainability Ros mentions as an ongoing challenge. At every point of dementia

understanding the value and significance of people's lives cannot be underestimated from Lander House to Buttermeads.

Food and Mealtimes

The proposed development of providing food cooked directly in the house, rather than centrally will be a great step forward. Houses are equipped with kitchen areas and this would be a real hands on way of involving the people who live in the house to contribute and create a real sense of a typical family day. It would also provide great flexibility as to the time and food prepared.

4 a. Total Outcome of 4 Audited Periods

Landermeads 17 December 2016

	Positive Social Interactions	Positive Personal Care	Neutral Care	Negative Protective Controlling	Negative Restrictive Subtle Abuse
PERIOD 1 09.20 -11.15 The Meads	13	9	1	0	0
			Period Outcome Level: 1		
PERIOD 2 11.15-12.30 Lander House	5	8	2	0	0
			Period Outcome Level: 2/1		
PERIOD 3 12.30-14.20 Stoppard House	14	8	0	0	0
			Period Outcome Level: 1		
PERIOD 4 14.20-15.45 Buttermeads	9	7	1	0	0
			Period Outcome Level: 1		
TOTALS	41	32	4	0	0
			TOTAL OUTCOME OF DAY – LEVEL 1		
			MEAL TIME– LEVEL 1		
			ENVIRONMENT – LEVEL 1		

Outcome of ‘Environment Matters in Dementia Care Homes: The ‘LOOK’ Checklist: Thirty Indicators’ (See part 9 of this report)

Yes’s **23** No’s **1** Partly’s **3** (27 out of 30 assessed)

Outcome of ‘The Butterfly Household Model of Care Action Checklist v.2’

(See part 10 of this report)

Yes’s **61** No’s **0** Partly’s **4** (65 out of 70 assessed)

4 b. The Look ‘Dementia-Design’ Checklist Outcome

Outcome of ‘Environment Matters in Dementia Care Homes: The ‘LOOK’ Checklist: Thirty Indicators’ *(See Part 10 of this report)*

Landermeads was appraised on this Baseline Audit against DCM’s Look Checklist and its findings are:

Yes’s **23** No’s **1** Partly’s **3** (27 out of 30 assessed)

The Butterfly Household Model of Care Action Checklist v.2

Outcome of ‘Inspiring: Butterfly Household Model of Care Action Checklist’ *(See Part 11 of this report)*

Landermeads was appraised on this Baseline Audit using DCM’s ‘The Butterfly Household Model of Care Action Checklist v.2’ and its findings are:

Yes’s **61** No’s **0** Partly’s **4** (65 out of 70 assessed)

4 c. Explanation of DCM Home Level Rating Scales

The outcome level for this audit is primarily based upon the outcome of the observational qualitative data with the checklists providing supplementary evidence to assist with the development of the care setting.

Potential outcomes for a Home would be that a Home would be audited at one of these levels:

- Level 1.** Exceptional person centred dementia care of the highest quality of life level.
- Level 2.** Highly skilled loving care with a high degree of good person centred dementia care and potential to develop into a Level 1 home.
- Level 3.** Good dementia care with many positive elements of person centred care.
- Level 4.** Good care with key areas of dementia specific development still required in dementia care.
- Level 5.** Variable level of dementia care where the beginnings of person centred care are on the 'cusp' but where the home requires a focused one-year action plan.
- Level 6.** National average level of dementia care with major areas of concern requiring a radical response particularly in relation to neutral and controlling care.
- Level 7.** 'Off scale' care to national average where the level of neutral care is extremely high and needs serious attention.
- Level 8.** Serious concerning level of concern of dementia care where level of controlling care is a major cultural feature and requires radical action to eliminate.
- Level 9.** Major serious level of concern where elements of a malignant social psychology are so severe that a major culture change programme is a matter of serious urgency.
- Level 10.** Crisis level of dementia care present in less than 1% of Care Homes audited by Dementia Care Matters and where the regulator needs to take serious legal enforcement or closure action.

4 d. How DCM rates the Care Setting against a Level

Level 1. Exceptional person centred dementia care

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
70%	30%	Under 5%

Level 2. Highly skilled loving care with elements of very positive person centred dementia care and potential to develop further

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
60%	40%	Under 10%

Level 3. Good dementia care with many positive elements of person centred care

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
50%	50%	Under 10%

Level 4. Good care with key areas of dementia care development still required

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
40%	50%	10%

Level 5. Variable level of dementia care where the beginnings of person centred care are in place

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
30%	60%	10%

Level 6. National average level of dementia care with major areas of concern requiring a radical response

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
20% or less	70% or more	10% or more

Level 7. 'Off scale' level of dementia care where the considered level of neutral and negative care is of serious concern

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
20% or less	60% or more	20% or more

Level 8. Serious concerning level of dementia care where the level of negative care is requiring serious urgent attention

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
20% or less	50% or more	30% or more

Level 9. Major serious level of concern re: dementia care present and where a malignant social psychology is a matter of serious urgency

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
20% or less	40% or more	40% or more

Level 10. Crisis level of dementia care present in less than 1% of care homes where legal action is required

Positive Social + Positive Care Scores	Neutral Scores	Negative Scores
10% or less	40% or more	50% or more

4 e. How to rate the Care Setting against a Category (cont'd)

This document is an example of how auditors rate the 'Look' checklist and the 'The Butterfly Household Model of Care Action Checklist v.2' and match these checklists to Qualitative Observational Audit Levels in 4c section.

'Environment Matters in Dementia Care Homes: The 'LOOK' Checklist: Thirty Indicators'

Number of 'Yes's' out of 30

18+ = a Level 1/Level 2 Home

12 to 18 = a Level 3/Level 4 Home

6 to 12 = a Level 5 Home

3 to 6 = Level 6 Home

Under 3 = Levels 7 to 10 Home

"The Butterfly Household Model of Care Action Checklist v.2 "

Number of 'Yes's' out of 70

40+ = a Level 1/Level 2 Home

25 to 40 = a Level 3/Level 4 Home

20 to 25 = a Level 5 Home

10 to 20 = a Level 6 Home

0 to 10 = a Levels 7 to 10 Home

QUIS Evaluations Allocation of Level 1 to 10

On a % basis the outcomes of 700 baseline audits across the UK and Ireland would be:

Level 1	1%
Level 2	5%
Level 3	5%
Level 4	4%
Level 5	10%
Level 6	70%
Level 7 – 10	5%

5. Background and Methodology

On the one day of this audit at Landermeads people were observed in the Meads, Stoppard, Buttermeads and Lander House.

Methodology

This report is based on the outcomes of the Quality of Interaction Schedule, a validated qualitative observational tool which is used to observe the quality of interaction between staff and people with a dementia living at landermeads. This methodology is published by David Sheard and the Alzheimer's Society, authored by Dr David Sheard in his book titled 'Enabling' – quality through observation (April 2008). In addition, the two checklists below were also completed on the day. The audit was conducted on 17 December 2016.

The '**Environment Matters in Dementia Care Homes: The 'LOOK' Checklist: Thirty Indicators**' was published by Dementia Care Matters in 2013 based upon 19 years of work with care providers.

The '**The Butterfly Household Model of Care Action Checklist v.2**' is published by Dementia Care Matters and was originally published by the Alzheimer's Society in a book titled 'Inspiring; Leadership Matters in Dementia Care' (2008).

The methodology undertaken to carry out the one-day observation was a multi-method approach:

- Direct observation of people living and working together.
- The recording of peoples' actual speech and actions in terms of well-being and ill-being indicators.
- Group 'scores' indicating the majority experience every five-minute interval across **5.5** hours of collation of data by the observer.
- Summaries of key positives and issues in care practices during each audited period.
- Completion of the "The Butterfly Household Model of Care Action Checklist v.2."
- Completion of the 'Environment Matters in Dementia Care Homes: The 'LOOK' Checklist: Thirty Indicators.'

Detailed written recordings were made of all person-to-person interactions and any other relevant observations that impacted on the support of people living with a dementia. These included the spoken word and actions or non-actions from staff.

It is important in reading this report to consider the experiences and feelings expressed by people living with a dementia themselves during the observation periods – these comments can be found in the Auditors sheets and demonstrate that people living with a dementia were and are aware of their experiences at Landermeads.

6. Timetable

Landermeads 17 December 2016

8.30 am: Tour and brief with Ros Heath.

9.20 - 11.15	First observation period – The Meads
11.15 - 12.30	Second Observation period - Lander House
12.30 - 14.20	Third Observation period – Stoppard House
14.20 - 15.45	Fourth observation period - Buttermeads
15.45 – 16.00	Report / data collation
16.00 - 17.00	Feedback meeting

7. Observation Periods – Positives and Development Areas

Observation Period One

Time: 9.20 - 11.10

Observation area: The Meads

Observer: Gwen Coleman

Outcome: **Level 1**

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
13	9	1	0	0

Positives

- Tables are busy and laid with items that cue it's time for breakfast; toast racks, tea pots; sugar, milk jugs, jam and butter.
- Lovely smell of breakfast cooking wafts around the kitchen diner and lounge.
- A rack of toast is shown to a woman and she helps herself; she is offered a knife to add Butter and jam, these are easily identified and she takes her time spreading these on her toast.
- Three lounge areas provide alternative places for people to sit and eat or enjoy a cup of tea.
- Music is gentle and plays in the background.
- The piano is played and this instantly raises the energy and draws people to the lounge. Songs are recognisable and people join in singing and laughing. One woman dances with a team member others clap as they watch and sing.
- A woman sits nurturing and talking with her 'baby' doll.
- The team where busy aprons and Christmas dress.
- Biscuits in packets are shown to people to choose from.
- There is a Christmas party planned this evening and the people who live here sit decorating ginger biscuits and cup-cakes in preparation. Lots of fun and concentration!
- A woman is brought an envelope to open which is a Christmas card and she smiles.
- A teapot is brought to the table to pour.
- Mulled wine is brought in for the tables this evening and Christmas hats are offered to people as they sit preparing for the party.
- *'I'm getting a bit behind with the washing up'* a team member remarks to a woman and she is invited to help. She soon gets stuck into helping in the kitchen.
- One woman sits with a bag of textile items and finds real occupation fiddling with these.

- One woman sat at the table is brought a soft toy dog which she finds comforts and talks to.
- A resident cat lives here and adds a sense of home and comfort.
- In the smaller sitting area two woman cuddle dolls.

The value of **life story** and how this reaches people was demonstrated in the following examples;

- One man sits in a lounge by himself mid-morning an old time Christmas movie plays on the TV. He has a range of items in front of him which connect to his life and work. A tool box. A team member talks lovingly to him about these items and his life; a conversation about football follows. He doesn't respond verbally but acknowledges the interaction with his facial expressions.
- A photograph of a woman's dog is brought to her and instantly her face lights up with love, recognition and a smile.
- A magazine is shown to a woman which connects to her passion of rugby. A team member talks with her about this and they smile and laugh together.
- One woman remarks *'do you know I haven't seen my parents for so long'....'ahhh haven't you'* replies the team member; *'you love your parents don't you and they love you'....* the conversation then moves to talking about the woman's dad and his job, then her mum. This then moves to how the woman will look fabulous at the party. The woman is reassured and responded to perfectly. This skilful interaction underpins the expertise of the team.

Development Areas

- People are visually supported with choice and all the items on tables enabling people to independently contribute to making their own drinks or buttering/ adding Jam to their own bread. Continue to drive this enablement forward and creating and encouraging every opportunity for people to do what they can. It's easy to slip back into making drinks or serving toast already buttered if not taken from the rack.

Observation Period Two

Time: 11.15 - 12.30

Observation area: Lander House

Observer: Gwen Coleman

Outcome: **Level 2/1**

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
5	8	2	0	0

Positives

- Every table is busy with items to eat and drink as well as books and games etc. it generally feels like a house where people are living as a family together and hard to distinguish initially who lives with or without a dementia. The team work well together here to adjust to the different needs people have.
- The open kitchen creates lovely aromas of breakfast cooking which is enjoyed at any point in the morning when people come into the House
- One woman has been writing Christmas cards with a team member and goes off to post these with her.
- Relatives feel welcomed; one sits chatting with a family member at the kitchen table whilst he has breakfast. A member of the team encourages her to bring items in for the man memory box. Two other relatives sit in a lounge area chatting with people they visit.
- A pot of coffee, milk and sugar is taken to a man he is asked if he needs help and this is poured in front of him.
- A member of the team is fixing up the Christmas tree and he skilfully interacts with three woman sat nearby whilst he does this, involving them in conversation and humour.
- A resident dog lives in this household and brings engagement and comfort to people who live here. One man finds great comfort and connection as he sits stroking the dog.
- Another member of the team spends time with a woman eating breakfast and they chat. The woman's physical abilities are limited and this requires her to sit in an adapted chair between different living areas. She is never ignored and always connected with as people walk by. She eats and drinks slowly however there is no time pressure. Whilst the woman eats and drinks she and a team member create a bow for the dog. Once adorned with the bow the team member picks the dog up and shows her to the woman who admires their work together. This woman is not sat without anything inform of her. A little bag of lavender is on the table and she picks this up and smells it.
- Two women arrange flowers in a vase.
- One team member brings photographs out of her apron of her pets and these create a conversation with several woman about dogs and ferrets!

- A woman introduces herself to me and asks what I am doing; she talks about how much she loves to dance and we share the same name.
- The garden area here offers a wonderful view for people sat here.
- A man is given sugar to add to his own cereals.
- People's views are gained re the music playing and several agree on Motown. This has one man tapping his feet and some of the team and people who live here sing along.
- Medication brought so discreetly it would be unrecognisable if you didn't know the nurse, who wears a Christmas jumper which creates conversation and humour!
- The piano is played and four women join in the music and singing. One man living here jokes '*Get off!*' and smiles!
- A woman and a team member discuss getting her audio book of Harry Potter.
- A team member talks to a woman about what she will be cooking tonight for tea. 'Mmm lasagne' she says.
- A man enjoys a pot of Maltesers placed near him on the table.
- The team are watchful and aware of people; flitting from one person or group to the next, no one is left alone or disconnected.

Development Areas

- It is hard to judge from the limited time here who has early onset dementia and who does not have dementia. It is the first time Lander House has been included during the observation and this demonstrates how unique this area is. The team are loving, caring and connected. They demonstrate the core skills seen in the other households and are aware of the difference in the needs and expectations of the people who share life in Lander house.
- The team have committed to a flexible approach in how they support people who are living with an early experience of dementia and those who are not. Are life stories drawn on to create relevant engagement for the men and women linking to hobbies/work/interests?
- A clothes protector which fastens behind the neck is given to a woman but due to her posture the neck area is tight and it is a struggle to close. A large cloth napkin would have been easier to place over the woman's front and avoid the struggle of trying to close this. It would draw less attention to the difference between those who need clothes protecting and those who would not be given these. Cloth napkins undo a sense of difference or separation down to physical disability or difficulty eating, clothes protectors highlight this.

Observation Period Three

Time: 12.30 - 14.20

Observation area: Stoppard House

Observer: Gwen Coleman

Outcome: **Level 1**

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
14	8	0	0	0

Positives

- Despite the diversity of the people living here this family works well together. It does so because of the unique skills the team have; they are skilled and adapt their approach to meet unique personal needs of the family sharing this house. People appear relaxed and comfortable with each other.
- As ever the table layout and settings is glorious; drinks, a freshly made cake; decorations; items to be busy with; photographs, jewellery etc. The two rectangular tables pushed together invite all who live here to share the space.
- A team member invites a man to accompany her to fetch lunch.
- A woman puts Christmas earrings on a member of the team which is lovely to see.
- There is no sense of waiting for lunch to arrive at all. The team work expertly and naturally together to ensure people are engaged and busy with conversation and occupation.
- A relative visits briefly and he is welcomed with a kiss. One of the women living here says 'hello sir'
- Christmas hats are passed admired and shared. These bring humour and laughs as people try them on, the tea also wear them.
- The dinner when it arrives is put into large serving dishes in the kitchen area, the door is kept shut which keeps all the noise and clatter to this space. A dish can be heard the floor. A team member pops her head out and remarks 'I'm having a smashing time' and this raises a laugh.
- One man dances with a team member as he waits for lunch to be served.

- All the food is served into dishes and placed on the table; gravy and sauce in jugs; food looks and smells great. People can serve themselves or are given help if needed, help is offered it is never assumed. The team make sure people have all the need first before serving themselves and sharing lunch; it feels just like a large family coming together and looks, sounds and feels great. It couldn't get much better than this.
- Pudding is brought out and lifted up to each person to smell; '*Can you guess what it is?*' people are asked. One woman sits and samples some and gives her verdict, she is applauded and offered a prize for her efforts! Custard is served in a jug and people pour their own. Wonderful to see this.
- After lunch the tea pot is brought out and tea is served. People have the opportunity to pour tea and add milk and sugar. One woman is offered tea but declines 'I don't want a cup of tea today' she remarks. The tea is poured in front of her and a conversation is had about tea. A cup of tea is there for her should she change her mind.
- A conversation about carbolic soap creates a reminiscence with a man and team member about her gran and grandad.
- A woman starts to sing 'happy days' she leads the singing with team members joining in; it is clearly connected to her faith and sounds amazing. Everyone claps when she is finished.
- A man knocks on the door and enters; he has come from lander house and welcomed and offered a hot drink and a mince pie which he really tucks into. He is shown the cake made earlier and this creates a conversation with a team member about her father which she reminisces with the man and another woman sat her.
- After lunch a woman is supported to sit in a comfortable chair in the lounge, the chair reclines and supports her legs. The woman closes her eyes and is covered with a blanket.
- A man gets up to dance with a team member and she talks to him about dancing in Blackpool; it's so easy to see how this reaches him; he comes to life, his passion ignites when this aspect of his life is talked about and he chats more than he has all morning about his memories of dancing.
- A pram with two dolls in is brought to a woman and both the team member and woman talk about the 'babies'.

Development Area

- The team are incredibly skilful at adjusting to peoples differing needs. The very nature of this diverse house will always require that extra level of awareness to attune to peoples unique and different needs; from the way people are communicated with or occupied.

Observation Period Four

Time: 14.20 - 15.45

Observation area: Buttermeads

Observer: Gwen Coleman

Outcome: **Level 1**

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
9	7	1	0	0

Positives

- Everybody here has something to touch or hold.
- A lovely aroma of cinnamon spice fills the air.
- Relaxing choral music plays.
- A woman wears headphones to listen to her favourite music.
- A woman is read to out loud, it is lovely and personal.
- A woman has photographs shared and spend about with her.
- A leg and foot massage is offered and given to people here.
- An abundance of love and comfort is shared with people, the team are comforting and close to the people living here.
- The combination of personalities in the team works well here.
- A woman is supported to drink and her arm is stroked. The team member chats away with her and explains everything she does. This is a wonderful connection.
- There is a focus on ensuring people are positioned in such a way they have something to look at. The Christmas tree provides conversation and visual stimulus. A sensory large lava lamp; the sound and sight of a fire burns on a TV screen positioned for people to see.
- A woman walks in and out and is clearly in a repetitive point of dementia but seeks to be in this lounge. The team provide connections, love and comfort. When the woman gets anxious the woman can express this in an angry manner. The team are skilled to support this.

- A head massage is given to a woman and her body twitches and her eyes open and close in response to the touch.
- One staff massages a woman's legs and jokes with her 'have you got my Christmas present X? You know what I want a sports car, I've got yours!' and the woman laughs.
- A woman is gently comforted, touched warmly and kissed by a team member. It is a very deep connection and it clear that this is a deep connection.
- One of the team reads a book to a woman whose eyes are open; it is warm close and connected.
- A woman in Buttermeads talks and asks about dogs and the team demonstrate their knowledge of her that she has a Westie and they chat about this, they provide a soft toy dog and photos of dogs for her.

Development Areas

- A woman seeks conversation and asks questions about dogs; photos of dogs are with her and used by the team, a soft toy dog is also given to her to sit with. On one occasion she seeks verbal responses repeatedly; she asks '*do you have a dog*' several times over; a team member is reminded by another that she is speaking and seeking a reply. As this woman is at an earlier point of dementia in comparison to the other people living here all members of the team will need to be aware of what she needs and seeks in her questions, responding promptly to reassure her as when she is not responded to her questions are repeated; this may impact on the overall experience for other people who live in this house which is by its very nature soothing and relaxed.
- Would the experience of seeing the resident dog in Lander house be something she could have as the best next thing to having her own dog? This would be a wonderful connection for her and the people living in Buttermeads.
- On several occasions a woman in a reclining chair is moved or repositioned and this is not verbalised or explained before it is done. Despite the woman's inability to verbalise support by the team needs communication and expressing before it is given.

8. Comparison with other audited Specialist Dementia Care Homes – Examples of Audit Outcomes

Care Home 1 – Level 1 (where no negative care exists and positive care is twice neutral care)

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
34	3	15	0	0

Care Home 2 – Level 2 (where no negative care exists and positive care = 60% to neutral care at 40%)

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
23	31	24	0	0

Care Home 3 – Level 3 (where no negative care exists and positive care and neutral care are 50% each)

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
43	21	69	0	0

Care Home 4 – Level 4 (where negative care exists and positive care and neutral care are 50% each)

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
20	13	33	8	5

Care Home 5 – Level 5 (where negative care exists and neutral care is 60% to positive care at 30%)

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
33	7	70	14	0

Care Home 6 – Level 6 (where negative care exists and positive care is 20% or less to 70% neutral care)

Positive Social	Positive care	Neutral	Negative Protective	Negative Restrictive
11	9	88	11	3



9. Qualitative Data Sheets



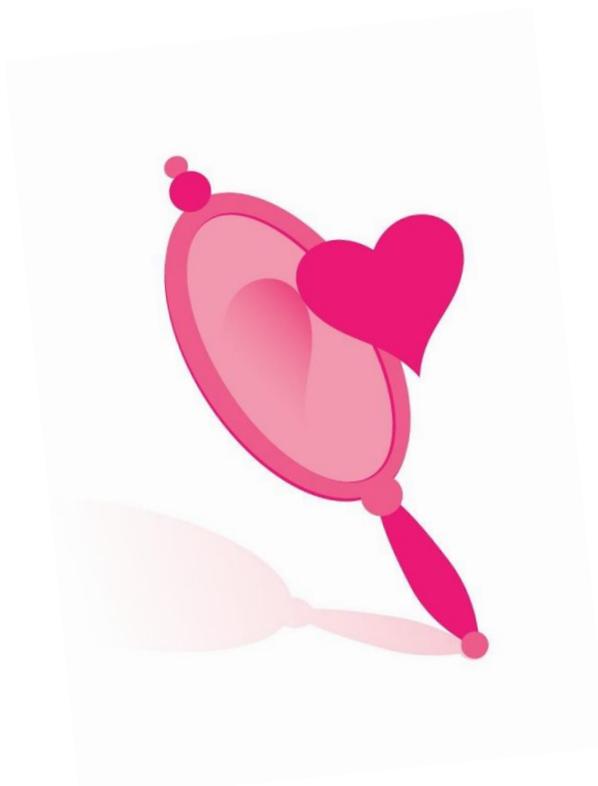
10. Environment Matters in Dementia Care Home

The 'LOOK' Checklist: Thirty Indicators

		Yes	No	Partly
1	Lounge / Diner conversion			
	<ul style="list-style-type: none"> Lounges are converted into 'lounge/diners' to cease 'herding' people into large dining rooms. Lounges enable domestic, kitchen and sensory activity re preparation for mealtimes. Lounges are Matched or divided to specific groups of people living with a dementia with similar needs. 	X X X		
2	Hallways are stimulating			
	<ul style="list-style-type: none"> Hallways are colourful and stimulating providing cues for conversation between people. Hallways differ around the home between houses in colour and features – providing cues for orientation. Hallways are 'staged', themed and matched to people's lives and appropriate to different points of living with a dementia. 	X X X		
3	Active life history is used			
	<ul style="list-style-type: none"> Evidence exists in lounges and hallways of individual people's lives, achievements and memories. People are invited to have personal possessions in communal areas to prevent communal areas being anonymous. With permission and respect for confidentiality peoples' life histories are framed, readable and up in the home by bedroom doors to focus every one of the link between who people were and are now. 	X X X		
4	Provision of enclosed, engaging outdoor space			
	<ul style="list-style-type: none"> People have a sense of being freely able to go outside into a safe, enclosed area. The outdoor space creates a flow and connection between indoors and outdoors. The outdoor space has extended opportunities beyond being a raised sensory garden to providing opportunities to be busy and occupied. 	X X X		

		Yes	No	Partly
5	Staff look engaging, colourful, expressing individuality in their appearance			
	<ul style="list-style-type: none"> Staff use the opportunity of how they 'look' to create connections with people. Thought is given to use of 'activity belts' or similar as a way to engage with people in spontaneous moments. Staff use 'the stuff' as part of their repertoire to engage with people – the 'stuff' the look is not static and like wallpaper but in daily use. 	X		
		X		
		X		
6	Bedroom doors are personalised			
	<ul style="list-style-type: none"> Attention and thought has been given enabling easy recognition of people's individual doors. Favourite front door colour, letterbox, door knocker or similar individually recognised items are matched to person. A memory box by the bedroom door, a framed life history and/or pin board of memories and memorabilia is provided. 	X	X	
		X		
7	Bathrooms are turned into warm friendly sensory engaging places of comfort			
	<ul style="list-style-type: none"> Glare is reduced, lighting levels increased with no confusing taps etc and sanitary items distinct from floor and wall colours. The room is softened with attention to walls preventing a cold empty magnolia 'look' by adding pictures, murals, themes. Staff attention is focused on reducing the impact of shiny steel equipment and introducing sensory and comfort experiences. 			X
				X
				X
8	Bedrooms are turned into mini living rooms	Not assessed		
	<ul style="list-style-type: none"> Bedrooms are not appearing just as functional sleeping spaces and areas for personal care but also as an engaging room to live in. The person's identity and past, interests and belongings should shine out and make a clear statement of a full life. Staff should see people's bedrooms as private personal areas which offer opportunity to meaningfully occupy people rather than just places to sit, watch TV and sleep. 			

		Yes	No	Partly
9	Staff functions are separated from peoples' sense of 'home'			
	<ul style="list-style-type: none"> • Staff areas and doors for staff purposes i.e.; sluice etc. camouflaged into walls and not highlighted. • Staff notices removed from peoples 'home' and personal or communal areas and staff briefed or staff notices placed in staff areas only. • Staff behaving as friends and guests in peoples' own home rather than as in charge and 'running' the place. 	X		
10	Reception and public areas are home like, friendly and engaging			
	<ul style="list-style-type: none"> • Reception area's convey a person's home rather than the formality of a hotel. • Nurse stations are removed from peoples' home area and not a central function of the home. • Medication is administered personally from peoples' individual cupboards in bedrooms supported by a policy, training and peer review. 	X		
	TOTALS	23	1	3





Inspiring



11. 'The Butterfly Household Model of Care'[®] Action Checklist – Revised Version 2'

NAME: Gwen Coleman

CARE SETTING: Landermeads

The Model's points are listed in priority order i.e. No1 is the highest priority.

The purpose of this Model Checklist is not to be definitive or comprehensive, or to create another version of institutionalised approaches.

All of the points on the Model Checklist need to be considered in terms of their relevance to each individual care home and each person.

(Tick one box per element listed below)		YES	NO	PARTLY
"Feelings Matter Most" Approaches				
1.	Feeling Based Recruitment & Training: All staff are recruited and appraised on their values, attitudes and emotional intelligence.	X		
2.	One Key Belief: Staff are able to express the care setting's one key belief - it's one purpose about the household model of dementia care.	X		
3.	Feeling Based Home: On arrival people would see, hear and feel immediately it is a feeling based Home within 5 minutes of walking in.	X		
4.	Manager Modelling: Staff feel the manager models a "Feelings Matter Most" approach - the manager is seen modelling person centred care during the day in the households, and feels truly a team member by all household staff.	X		
5.	Nurse Leadership: Individual nurses are appraised on being a new culture nurse - their emotional intelligence and their capacity to lead on this.	X		
6.	Being With: Lots of feelings based communication by staff can be seen occurring with love and comfort visibly happening, when needed - with staff at times sitting and just 'being with' people.	X		

7.	Two-way Giving: People living with a dementia are enabled to be in positive relationships 'giving' to people as well as 'receiving' support from people – their contributions are extremely valued and nurtured.	X		
8.	Qualitative Observation: Staff are trained in observing quality interactions and on at least an annual basis each person undertakes a qualitative observation, feeding back their findings to the team to improve care.	X		
9.	Language of Dementia: Staff demonstrate they know the language of dementia is about feelings and that when people living with a dementia talk about Mum, Dad, Kids, School, Home and Work, it is often not literal but about how people are feeling now and their needs now.	X		
10.	Staff Well-Being: Staff express positive comments about why they work there, the feelings and well-being working there creates for them, and that their emotional labour is recognised and supported.	X		
TOTAL :		10	0	0

(Tick one box per element listed below)		YES	NO	PARTLY
Removal of 'Them' and 'Us' Barriers				
11.	Uniform Removal: Uniforms have been removed and staff look like friends, not like nurses in charge, using their 'Look' to help connect with people, looking like colourful butterflies, creating fun and at times wearing their activity aprons.	X		
12.	Sharing Lives: People living and working together share their lives, use family-like terms to refer to people living and working in the home, eating together, with no separate staff areas in people's households i.e. no separate staff toilets etc.	X		
13.	Personalised Medication: Administration of medication is personalised, with all staff trained and peer reviewed regularly on their practice, giving this out individually, from locked cupboards in peoples' own rooms.	X		
14.	Going with the Flow: 'Going with the flow' is how the day feels - with no sense of the routines that occur in hospitals, and where task orientation is not the model that 'runs the day' but where tasks are more subtly completed in a model based on people first.	X		

15.	Night Clothes for Staff: At night time, when appropriate, staff wear their own night clothes to match their 'look' to the help people need - in terms of helping people distinguish between day and night and giving the correct cues to people living with a dementia.	X		
16.	Respect: Staff do not talk about people living in the home whilst in the households and instead remove themselves to staff areas for any necessary discussion.	X		
17.	Homely Desks: Nursing stations and other hospital-like features are removed, replaced if necessary by domestic looking desk areas giving a more 'homely' feel.	X		
TOTAL :		7	0	0

(Tick one box per element listed below)		YES	NO	PARTLY
Creating Households				
18.	Home Like: 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.	X		
19.	Households: The Home is ideally divided into a number of separate households or at least separate house-like living areas.	X		
20.	Domestic Size: Real small-scale domestic living exists i.e. maximum lounge sizes of 8 – 12 people.	X		
21.	Own Front Doors: Where possible care homes are divided into households which exist with their 'own front door', through which staff and visitors come and go as 'Guests' in a person's home.	X		
22.	Matching People: People are matched i.e. grouped together at a similar point of experience of living with a dementia in order to reduce stress, to not mix up people fearful of one another and to increase individual well-being.	X		
23.	House Leaders: House Leaders are appointed on the basis of their values, attitudes, emotional intelligence and emotional competency.	X		

24.	Housekeepers: Housekeepers are appointed as the heart of each household ensuring that domesticity, cleaning and food preparation are a core part of the day involving everyone living and working together.	X		
25.	Lounge Diners: Lounge diners are created where visibility, sensory cues and meal time preparation become central to the day rather than “herding” people unnecessarily backwards and forwards to dining rooms.	X		
26.	The Household ‘Story’: The whole household environment is created ‘to tell the story’ in the lounge diner, hallways and personal rooms of people’s past and present lives and the new moments they have shared living together.	X		
27.	Personal Rooms: Bedrooms are turned more into personal rooms with a living function i.e. not just a place to sleep where the bed and ensuite over dominate. Bedrooms not assessed			
28.	Later Stage Household: A ‘Later stage’ dementia care household (or living area) is created and the specialist skills needed to support people at this stage of their life has been developed.	X		
29.	Care Partners: Families are seen to be ‘at home’ and are significantly visibly involved in the daily life of the household as “care partners”. As care partners, emphasis is placed on quality of relationships really mattering between families, staff and people living in the household. Not able to assess on the day.			
30.	Sense of Community: People living in households visit each other in different households, maintain friendships across households and the wider local community is actively involved within the home.	X		
TOTAL :		11	0	0
(Tick one box per element listed below)		YES	NO	PARTLY
Evidence of Freedom				
31.	Emotional Memory: Staff clearly recognise the importance of people’s emotional memory and their treasured emotional possessions and understand the interplay between these, demonstrating this in their daily contact with people.	X		

32.	Free Outside: People are freely able to go outside into safe enclosed private areas, without needing doors to be unlocked or having to be accompanied.	X		
33.	Acceptance of Reality: Clear evidence exists that families have been educated in the philosophy of the household model of care. Families are visibly accepting of people living with a dementia's different realities and appear not to try to force their own reality when they visit. Families also understand the need for different households for each 'stage' of experience of a dementia.	X		
34.	Promoting Rights: Staff are not obsessed with risk prevention and excessive health and safety beliefs – they meet legal requirements but evidence during the day that their approach is in the context of promoting rights and measured risks.	X		
35.	Later Stage Freedom: People experiencing the later stages of life are given greater access to light, air, the natural world and 'live' experiences e.g. music, children and animals.			X
36.	Outdoor Occupation: Regular use by people living in the home of the outdoors is ensured, the outdoors is more than a garden and has become an area to occupy people e.g. an old car on blocks, a washing line, 'activity' based sheds etc. and where the outdoors is brought closer to the inside.			X
37.	Neuroleptic Reduction: Limited use exists of 'anti-behaviour' medication – i.e. anti-psychotic medication/neuroleptics, where this is used only as a last resort to relieve acute distress when other ideas and strategies which have been tried first have not worked.	X		
TOTAL:		6	0	2

(Tick one box per element listed below)	YES	NO	PARTLY
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Being Occupied				
38.	Being a Butterfly: Masses of short one minute connections between people living and working together occur – staff look like they know how to be butterflies creating lots of positive moments of social interaction.	X		
39.	'Theatre Stage' Setting: Staff set up the houses each morning with props and 'stuff' to encourage engagement and connections and develop a loose but flexible plan for the day on how to occupy people.	X		

40.	Domesticity: People living with a dementia are encouraged and when they choose are seen regularly doing domestic activities and maintaining their own life skills during the day.	X		
41.	Work Like Encouragement: Some people living with a dementia, when it is helpful, are supported in their reality to 'do' a part of a work-like job they did in the past.			X
42.	Physical Activity: There are regular opportunities for people to enjoy physical activity and independence ranging from pouring your own milk to going out for a walk.	X		
43.	Matching Activities: 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 living with a dementia.	X		
44.	Sensory Approaches: Sensory calming periods alongside sensory stimulating items are alternated, when appropriate at different times of the day, for people living with a dementia who have repetitive expressions.	X		
45.	Comfort Objects: Comfort objects, i.e. dolls, prams, soft toys, sensory items and sensory fabrics e.g. velvet, are all available and visible within the service.	X		
46.	Attachment & Touch: The concept of attachment, approaches to supportive touch and the use of massage and other physical therapies are evidenced as central to the home's model of care.	X		
47.	Individual Music: Choices of music and a variety of music geared to an individual's experience including other natural sounds, e.g. bird song are introduced at relevant moments of the day.	X		
48.	Media Use: Music, TV, radio and tablet computers are provided and regularly reviewed i.e. appropriate usage to ensure enjoyment, variety and interest.	X		
TOTAL:		10	0	1

(Tick one box per element listed below)		YES	NO	PARTLY
The Mealtime Experience				
49.	Mealtime Orientation: Orientation towards the meal (approximately 45 minutes prior to a meal) is actively encouraged through the use of cooking smells, food discussions, talking about recipes, using pictures of food, laying tables, being involved in food preparation with the aim of encouraging engagement, increasing appetite and achieving potential increase in weight gain.	X		
50.	Meal Quality: The quality of the dining experience, standard of food and setting up of dining tables indicates people are valued in terms of the meal experience being offered.	X		
51.	Sociability: The mealtime experience is turned into a social occasion and not a task. Staff are clearly trained in how to keep mealtime conversations going to improve appetite using objects, items in their pockets, and for example, Perspex boxes on tables which are full of things to talk about, including photos.	X		
52.	Visual Choice: At each meal the meal choice and drinks are visually shown at the time of the meal and people are encouraged to serve themselves and each other at the dining table.	X		
53.	Food Availability: In the lounge diner food availability is always visible over a 24-hour period, and whilst meeting Food Hygiene Regulations, this is with the key aim of encouraging people to eat when they feel like it.	X		
TOTAL :		5	0	0

(Tick one box per element listed below)		YES	NO	PARTLY
Person Centred Care Planning				
54.	Positive Language: Controlling care and labelling language in care plans has been removed i.e. words such as: wanderer, challenging, aggressive - staff replace this negative language with words that first describe the person's feelings that are leading to the person's expressions. Care plans not assessed			
55.	Focus on Strengths: Care plans whilst evidencing people's needs in terms of eligibility for support also do focus on people's strengths and are not lists of losses and dependency. Care Plans are not solely based on problem sheets, but on supporting people's remaining abilities with daily records of what people have enjoyed doing. Care plans not assessed.			

56.	Life Story: Detailed life stories – books, memory boxes etc. are being used daily by people working there with people living there and staff's life stories are also produced and visible to everyone in the home as a way, on a daily basis, for people living and working in the home to reach and connect with one another. Ongoing development.	X		
57.	Quality Personal Care: Each person is involved in, assessed and receives a personal care plan that supports their holistic personal care. Not assessed.			
58.	Wellbeing: Individual assessments of people's well-being and ill-being are regularly completed and acted upon - with the aim of increasing an individual's well-being and creating in a household a sense of mutual regard between people.	X		
59.	Pain Assessment: A validated dementia care pain assessment tool is used to monitor and respond to people's individual experience of pain.	X		
60.	Closeness & Intimacy: Each person in terms of their rights, well-being, capacity and consent is assessed and appropriately supported to experience the individual closeness they need to still feel in life, which may include expression of intimacy needs.	X		
61.	Rescuing Approach: Staff see all 'behaviours' as an expression first of feelings and through training understand when needed how to support and rescue people experiencing 'stuck' feelings.	X		
62.	Quantitative Measures: The home collates, through individual care planning, group statistics and evidence of culture change measures i.e. reduction in falls, decrease in safeguarding concerns, decrease in hospital admissions etc.	X		
63.	Holistic Handovers: During staff handovers a positive feeling-based approach to reporting back and sharing people's daily life is used rather than a medicalised model focused inappropriately only on people's bodies and physical functioning. Not assessed.			
TOTAL :		6	0	0

(Tick one box per element listed below)		YES	NO	PARTLY
Adapting Dementia Specific Environments				
64.	Orientation: Orientation aids i.e. colour, objects and appropriate domestic like signage throughout the household exists to enable people to find their way through a range of cues, including pictorial signage where appropriate on bathrooms and toilets.	X		
65.	Engaging Hallways: Hallways exist which are divided into coloured sections, with objects and / or seating to prevent a sense of sterile, clinical areas. Activity and sensory items are on the walls to occupy people consistent with fire regulations, reasonable infection control procedures, and Dementia Care Matters Fire Safety guidance.	X		
66.	Filling the Place Up: Untidiness exists with clutter and rummage items all being out in lounges, offering opportunity for people to be busy on an individual or small group basis and where staff encourage spontaneity by involving people in the house with all the “stuff”.	X		
67.	Personal Room Identification: Doors to personal rooms i.e. bedrooms look easily identifiable – with either coloured front doors or surround frames, notice boards like stories in a journal, or memory boxes by the door are created - whatever works for each person.	X		
68.	Shared Seating: Lounges have sofas to encourage people living there, working there, or visiting and supporting people to sit and share time together.	X		
69.	Cues in Artwork: Lounges have artwork and pictures that denote the function of the room as a cue i.e. not placing confusing pictures up on the walls unrelated to the room’s function.	X		
70.	Inviting Bathrooms: Bathrooms are not clinical but warm, inviting places to want to relax in and give a sense of well-being, therefore reduction of reflective tiling, and glare has been actioned.			X
TOTAL :		6	0	1

Now you have completed all the sections please collate the total number of 'YES' 'NO' and 'PARTLY'		YES	NO	PARTLY
OVERALL TOTALS :		61	0	4

Please list below any areas that this checklist has not identified that you feel the service is achieving or has not considered but needs to action in developing a more person centred response.		YES	NO	PARTLY
71.				
72.				
73.				
74.				
75.				

12. Biography - Gwen Coleman



Gwen started her career 20 years ago in the NHS, as a registered dietitian. This involved working across a range of care settings from hospitals to the community, with a wide variety of people but predominantly a focus on working with older people and the area of mental health prevailed. During this time Gwen started to develop an interest in the impact of food and nutrition on mental health and emotional well-being.

Gwen pursued this interest in more depth when she joined the Alzheimer's Society in 2002 to manage a qualitative research project called 'Food for thought' sponsored by the Department of Health. This unique piece of work helped to build a national picture of the experience people living with a dementia had concerning food, drink and nutritional care. It also provided invaluable information and knowledge to help address this often neglected area of care and support with the ultimate aim of enhancing well-being whilst living with a dementia.

Following on from this project work the breath of Gwen's experience and knowledge in dementia care evolved when she took a post with the Alzheimer's Society as a dementia training manager. During this time Gwen focused much of her time developing and delivering bespoke training on nutrition and dementia care for the health and social care sector; working nationally with a wide variety of organisations and providers.

Gwen then joined Anchor and worked for four years as a dementia specialist providing in-house consultancy and training to support people experiencing a dementia across care both in care homes and in independent living.

She has authored several publications during her career including 'Catering for people with dementia' for the Alzheimer's Society (2009) as well as co-authoring the Royal Society of Public Health's 'Eating well for care homes'. Gwen is also an author of the 'Eating well' section of SCIE's dementia gateway.



APPENDIX

Qualitative Observational Audit – Pre Questionnaire