

Dementia Quality Mark Audit Tool

Home Name: Derbyshire House

Owner: WJ Yapp Trust Homes

QDO: Jacky Simpson

Home Manager: Sharon Smith

Score: 25 (E)

District: Rushcliffe

Visit Date: 03 March 2017

The Dementia Quality Mark will be awarded when all 25 essential standards (E) have been evidenced as met through the completion of the audit tool.

Acknowledgements to:

Dementia Care Matters – ‘Inspiring leadership matters in dementia care’

The 50 point action checklist’, published by Alzheimer’s Society

Worcestershire County Council – ‘Worcestershire Residential Dementia Service Standard’, 2010

Progress for Providers – ‘Checking your progress in delivering personalised support for people living with dementia – Care homes’, published by HSA Press 2012

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
OUTCOME 1. POSITIVE ATTITUDES					
1.1. How is the information gathered from the life histories used to inform care delivery in the home?	Pre-assessment of needs based on capabilities and choices and preferences and emotional feelings. Care plans contain a comprehensive life history that highlights achievements and personal preferences and interests in detail. Is the information in the life history used to inform care delivery? The individual, their family, where appropriate, are aware of the service's philosophy of support for people with dementia and are provided with information on this in writing in advance of the move.			This question has been answered prior to the DQM audit.	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>1.2. Staff spend time individually with people, sitting and responding with awareness to their needs and feelings. Therapeutic touch and comfort giving is apparent for those who need it.</p>	<p>Observation of main communal areas. Observation of responses to distress or anxiety. Staff are aware of people's personal preferences. Do staff spend time talking with people accommodated and are any concerns raised acted upon? Are staff respectful, supportive and caring? Philosophy of care / statement of purpose.</p>	X		<p>We observed the lounge areas throughout the day. We observed staff spent time sitting with residents. We saw that staff sat with small groups of residents talking, singing and talking. We saw that staff made a pot of tea and sat with the residents in the group. We observed a resident that was distressed. We saw that a member of staff was spending time with them, walking along the corridor and sitting with them giving them a hand massage. This means staff spend time with residents individually responding with awareness to their needs.</p>	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>1.3. Staff interpret body language and behaviour as a means of understanding the wishes and needs of people living with dementia.</p>	<p>There is evidence of behaviour monitoring in care plans. Discussion with staff – staff demonstrate an understanding of the impact that dementia can have on communication. Is there evidence that staff work to prevent instances of behaviour that challenges or respond when an issue arises?</p>	X		<p>We looked at seven care plans and found they detailed peoples known behaviours, what actions may trigger these and the diversionary tactics used by staff.</p> <p>The staff we spoke with had a good knowledge of resident’s behaviours, and how a person’s language is used as a tool to understand their needs. For example, a resident forgets they are living at Derbyshire House and will often say that they need to get home to their mother. The care plan states “If staff live by [resident] reality and take them to their room, they recognise this as home”.</p> <p>This means that body language and behaviour is being considered when providing support.</p>	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>1.4. The skills, attitude, experience and number of staff will reflect the emotional, psychological and physical needs of the people living with dementia.</p>	<p>Staff discussion & observation – staff express positive comments and a positive approach to their work. Staff see people accommodated as individuals and can demonstrate this in day to day practice. Staff are able to describe the culture of the service. There is evidence of this being part of recruitment policy & practice.</p>	X		<p>We observed staff throughout the day and found they were skilled and knowledgeable of the needs of the residents living at the home. We spoke with staff who told us we try to involve the resident as much as we can, this might include laying the tables for lunch or making a cup of tea. We always ask their opinion. We spoke with staff who told us if I can make one resident smile, talk to them and spend time with them I have made someone happy.</p> <p>This means staff have the skills, attitude and experience to support people living with dementia.</p>	E
OUTCOME 2. EMOTIONAL AND PHYSICAL FREEDOM					

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
2.1. How are residents at the home supported to access, and feel part of, the local community?	The service can provide detailed documentary evidence of people going out of the home into the local community frequently either with staff, individually or in small groups, or with their relatives/friends. Are people able to visit places locally that may be important to them? Or are there opportunities for the local community contribute to the life of the home? Any restrictions to liberty are comprehensively documented and comply with MCA requirements.			This question has been answered prior to the DQM audit.	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>2.2. Consideration is given to the dynamics of mixing people with significantly different abilities or at different points in their experience of a dementia which may cause anxiety/fear.</p>	<p>Observation of main communal areas and documented levels of functioning in care plans. Philosophy of care/mission statement/statement of purpose and practical implementation. Do staff understand the stages of dementia and can relate these to the people they look after? Are staff able to understand and respond to distressed behaviour?</p>	X		<p>We observed there were three different areas to support people who have differing levels of dementia. We observed residents were able to freely walk around the care home and interact with other residents if they wished to.</p> <p>We saw that care plans clearly reflected the current level and needs of the resident.</p> <p>We spoke with staff and found they had a good understanding of the residents, their differing levels of dementia and their cognitive abilities.</p> <p>This means consideration is given to the dynamics of mixing people with significantly different abilities or at different points in their experience of a dementia.</p>	E
OUTCOME 3. EVIDENCE OF A DEMENTIA SPECIFIC ENVIRONMENT					
<p>3.1. How are orientation aids used in the home to promote residents' mobility and to support them to navigate round their environment?</p>	<p>Observation of the environment. Pictures and artwork e.g. food or meal related art in dining rooms. Signage is clear and easily recognisable. Is there evidence that environmental health and safety issues have been considered?</p>			<p>This question has been answered prior to the DQM audit.</p>	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>3.2. The environment is homely, which encourages exploration of the surroundings to everyone accommodated as an aid to stimulation and engagement.</p>	<p>Observation. Standard household furniture is apparent e.g. sofas, bookcases. Seating has appropriate coverings according to people’s needs. There is a variety of seating for people to choose from. The furniture is comfortable and arranged to suit the people living there. Corridors are used as stimulating areas and have appropriate activity items for this purpose. There are areas where people can sit and relax, space for hobbies and activities and quiet spaces. Do staff understand how the environment can affect people living with dementia?</p>	<p>X</p>		<p>We toured the home and found it to be homely and inviting. We saw there were different lounge/dining rooms that were spilt into different areas that gave it a home from home feel. We saw there were different types of seating for residents, including armchairs and sofas. We saw there were small tables with magazines, books and puzzles for residents to use if they wished. We saw that the corridors were stimulating and saw that sepia type photographs of residents and things associated with them for example staff and pets, were used to make wallpaper along one wall in the corridor.</p> <p>We looked at relatives comments and saw that one person had stated “The home is homely and not institutional”.</p> <p>This means the environment is homely, and encourages exploration of the surroundings to everyone accommodated as an aid to stimulation and engagement.</p>	<p>E</p>

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
3.3. Bathrooms are warm and inviting places to spend time in and used in a way that promotes people's dignity.	Observation of bathrooms. Are bathrooms of 'hotel' style or personalised? Protective clothing, bulk hygiene related items are not left on view.	X		<p>We looked at the bathrooms in the home and saw that they were decorated to a good standard. We found they were warm and inviting encouraging relaxation.</p> <p>We found protective clothing was not on display.</p> <p>This means bathrooms are warm and inviting places to spend time in and used in a way that promotes people's dignity.</p>	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>3.4. Bedroom environments have been created with involvement from people living at the home (where possible). They are arranged in a way understandable to the person accommodated, contain personal belongings and are suitable for use to support with personal care as well as engaging rooms to live in. Bedroom doors look easily identifiable to the person accommodated there. Health and safety issues have been considered when planning bedroom environments.</p>	<p>Observation of environment. People's bedroom doors are personally identifiable to them. People's own rooms have significant individualised cues relating to their personhood and life history. People have been encouraged to bring their own belongings including furniture with them when moving to the home Examples, might include family photographs, pictures, bed spreads, quilts, etc. If they have not brought their own furniture, that which is provided is of a domestic type. Discussion with staff, people living at the home and their families. Health & safety considerations e.g. wardrobes or tall or heavy items of furniture secured to the wall.</p>	X		<p>We looked at some bedrooms and found them to have personal items such as furniture, pictures; photographs from their past and present, ornaments and bedding.</p> <p>We spoke with staff who told us, "It's important for a person to have their own things around them"</p> <p>We spoke with the manager who told us they were in the process of making door signs with things that mean something to the resident. We looked at some that the manager had completed and saw that they had items from dolls house furniture that gave them a 3 D effect. We saw a piano and small chess set and a small sewing machine, all items that had some meaning to the individual.</p> <p>This means that people living with dementia at the home have a room that is private, personal and familiar to them.</p>	E
OUTCOME 4. DAY TO DAY ROUTINES AND CARE DELIVERY					

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>4.1. People living at the home are facilitated to make choices about where and with whom they sit and what they eat at mealtimes or clear rationale for why not. Mealtimes are a pleasant social occasion for people living at the home with individualised support, as needed.</p>	<p>How is each person enabled to make choices about meals and company whilst eating? Observation of mealtime custom and practice. Mealtime observation. Staff are trained in how to keep mealtime conversations going, for instance, by using objects, items in their pockets. People are supported to take an active role in mealtimes, preparing foods or laying tables. Do staff eat with people and support them in line with care plan?</p>	X		<p>We observed the lounge and dining areas throughout the day and saw that residents were given choices of where to sit and what to eat. We saw that lunch was served in dishes so residents were able to help themselves.</p> <p>We saw that staff ate their lunch with the residents assisting them if needed. We observed staff chatting to residents throughout the meal. We also saw residents were folding napkins for use at lunchtime.</p> <p>This means mealtimes are a pleasant social occasion for people living at the home with individualised support, as needed.</p>	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>4.2. Care delivery for people living with dementia is person-centred and focuses on strengths and positive attitudes.</p>	<p>Review of individual records, including assessment of strengths, care planning and evaluation of care. Observation of care plan implementation by staff.</p>	<p>X</p>		<p>We looked at the care plans for seven people and found they were person centred and clearly identified the strengths and abilities of the resident.</p> <p>We observed care staff speaking with residents and saw that they were delivering care in line with the information documented in the care plan. We found staff were kind and compassionate in their approach.</p> <p>This means care delivery for people living with dementia is person-centred and focuses on strengths and positive attitudes.</p>	<p>E</p>

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>4.3. Staff manage people’s continence needs through individual and discreet support.</p>	<p>Observation and evidence that individual routines or signifying behaviours are assessed and planned in care plan documentation and implemented.</p>	<p>X</p>		<p>We observed staff asking residents if they would like to go to the toilet using a sensitive and discreet approach.</p> <p>We saw detailed in one care plan how the resident’s body language may change as an indication they may need to use the toilet, we saw staff recognising this and responding appropriately.</p> <p>We observed staff walking with residents, throughout the day, and using the opportunity to remind residents they were near a toilet and asking if they would like to use it.</p> <p>This means staff manage people’s continence needs through individual and discreet support.</p>	<p>E</p>
<p>OUTCOME 5. MEANINGFUL OCCUPATION AND STIMULATION</p>					

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>5.1. How are people living at the home supported to maintain, and participate in, domestic activity to the level of their ability with staff support if required?</p>	<p>Observation of activity, are residents stimulated and involved or is there evidence of boredom, apathy and searching behaviours. Life history documentation and individual activity plan recordings. Are people actively encouraged to be involved in day to day activities and routines of the home? Do people have the opportunity of undertaking domestic tasks such as making drinks and washing-up?</p>			<p>This question has been answered prior to the DQM audit.</p>	<p>E</p>
<p>5.2. People living with 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.</p>	<p>Observation. Life history documentation. People are able to ‘be themselves’ – how is this facilitated? Evidence from staff interactions. Staff have an understanding that a person’s perception is their reality.</p>	<p>X</p>		<p>We looked at care plans and found they contained detailed life histories. We saw staff chatting to one resident about their previous occupation. We saw that the resident was laughing about their experiences in their working life with the staff member. We also heard them talking to the staff member of their wedding day.</p> <p>We observed residents playing quoits and we saw they were enjoying playing the game and this prompted conversation of games they played when they were younger.</p> <p>This means staff support residents in their reality.</p>	<p>E</p>

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>5.3. Choices and use of music, sounds, television and films are geared thoughtfully to individuals' wishes and preferences, along with opportunities for quiet time and space.</p>	<p>Observation. Visible use of appropriate television/radio, natural sounds and music in communal areas. How are people able to control the noise levels? How are people able to choose what to watch/listen to and when? Use of personal music players & headphones. Are there any opportunities for people to engage in musical activities?</p>	X		<p>We observed residents sitting in the lounge, some residents were watching the television and some residents were sitting in the quiet area reading. We observed in one lounge residents participating in 'Music for Health'. We observed residents listening to the music and singing along. This also included a quiz where residents had to identify the singer or the name of the tune. We saw that residents thoroughly enjoyed singing and trying to guess the answer to the questions. Residents were also given musical instruments to play to the music, for example, a tambourine.</p> <p>This means choices and use of music, sounds, television and films are geared thoughtfully to individuals' wishes and preferences, along with opportunities for quiet time and space.</p>	E

OUTCOME 6. AWARENESS OF BARRIERS TO PERSON CENTRED CARE APPROACH

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>6.1. How has consideration been given to the staff dress code and how is this decision reviewed? How have residents, relatives and visitors been involved in the decision making process?</p>	<p>Staff discussion indicates the rationale for dress code. Stated in statement of purpose/ home dress code/policy and linked to understanding of peoples group's needs. Is there evidence that people and/or families have been consulted about staff dress code? Has consideration been given to how staff dress can impact on people accommodated, e.g. colour, design.</p>			<p>This question has been answered prior to the DQM audit.</p>	<p>E</p>

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>6.2. Managers lead the staff team effectively through promoting the approach with staff and modelling person centred care.</p>	<p>Observed practice and staff discussion. Managers have frequent presence on the floor working with people and alongside staff and lead by example. Statement of purpose, mission statement about philosophy of care and practical application through staff discussion and observed practice.</p>	<p>X</p>		<p>We spoke with staff regarding their understanding of care for people living with dementia, and we found them to be skilled and knowledgeable in supporting people with dementia. Staff told us the manager has a positive approach, and found this had been disseminated to staff. Staff told us the manager works alongside staff on the floor. They also told us the manager was supportive and everyone is involved in discussions about care delivery.</p> <p>We observed there was a close working relationship between staff and senior management and a close relationship between staff and residents.</p> <p>This means that managers lead the staff team effectively through promoting the approach with staff and modelling person centred care.</p>	<p>E</p>

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>6.3. Service delivery is based on humanity and compassion, with people living with dementia having the opportunity to influence their experience.</p>	<p>Policy and practice. Statement of purpose and or mission statement about philosophy of care informs the team's purpose. Staff discussion and observation of practical application in the day to day operation of the home. People are consulted about the running of the home through meetings, surveys involvement of advocates etc. People are treated as individuals. Is language that labels people used verbally and in care planning or other records?</p>	<p>X</p>		<p>We looked at the information available for residents and relatives. We found it clearly outlined the aims, objectives and delivery of care at the home. We saw that 1:1 discussions with residents were held and allowed residents to talk about their experience of living at the home. We observed staff throughout the day and saw they interacted with residents in a positive and compassionate manner. We observed a good relationship between staff and visiting relatives. We saw staff were respectful, caring and affectionate towards residents. We spoke with staff who told us This means that service delivery is based on humanity and compassion.</p>	<p>E</p>

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>6.4. Staff positively manage risk, whilst promoting people’s human rights and choices.</p>	<p>Observation of lived experience, care planning and risk assessments. Staff discussion and understanding of individual needs of people. Staff are able to share examples of how they have and are supporting people’s human rights and promoting their choices.</p>	<p>X</p>		<p>We saw that care plans detailed risks and we saw that risk assessments were in place to support residents. We spoke with staff who told us, one resident likes to use their exercise bike on a daily basis.</p> <p>We saw that residents are supervised to maintain daily activities, for example peeling vegetables and baking.</p> <p>We observed residents walking around the home and were assisted by care staff where necessary.</p> <p>We saw staff offering residents choices throughout our visit, for example, where to sit, what to eat at meal times, what they would like to watch on television and what drinks they would like to have.</p> <p>This means that the staffing team have a good understanding of promoting people’s rights and choices.</p>	<p>E</p>
<p>OUTCOME 7. SAFEGUARDING AND PROTECTION FROM ABUSE</p>					

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
7.1 How is a resident with dementia, living in the home, supported to raise a safeguarding concern or complaint?	Records of complaints from people accommodated and their relatives. Methods of inclusion and consultation with people and their families. Records of reported safeguarding referrals and outcomes. Involvement of advocates to support people. Observation of custom and practice.			This question has been answered prior to the DQM audit.	E
7.2 People's rights and choices are promoted and protected through the practical application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards codes being followed.	Observation of staff interaction with people. Records of mental capacity assessments and supporting records for any DoLS applications. Discussion with staff.	X		We looked at seven care plans and saw that the application of the Mental Capacity Act 2005 had been applied correctly an appropriately. We found that DoLS applications had been made appropriately. This means people's rights and choices are promoted and protected through the practical application of the Mental Capacity Act 2005	E
OUTCOME 8. HEALTH AND WELLBEING					

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>8.1. Specialist skills of staff working at the home at all stages of dementia care are evident in the assessment, care planning, and implementation and evaluation process.</p>	<p>Observation of practical implementation. Review of individual personnel records, training and competency assessments. Discussion with staff. Staff know what is expected of them and they are clear about their core responsibilities.</p>	X		<p>We spoke with the manager and staff who told us they had completed Dementia Care Matters training. We spoke with a member of staff who had completed Cognitive Stimulation Therapy, (CST). Staff told us they facilitate small groups of people to engage in activities. The staff member told us they have groups of residents with a similar level of dementia as this enables the residents to be involved in activities at a level tailored to their cognitive ability. Residents choose the activity they want to do on that day. We observed the session and saw that residents were chatting whilst completing the chosen activity. The activity organiser told us a resident who was usually reluctant to join in had participated in the day's activity and had asked if they could join in the next one. This means staff have the specialist skills to support residents living with dementia.</p>	E
<p>8.2. How are residents living in the home supported to be in the best possible physical and emotional health? How do staff recognise and respond to body language and changes in behaviour?</p>	<p>Observation of custom and practice around supporting appropriate nutritional intake in line with individual daily routine/hunger needs. Staff discussion and care planning records about cues and amount of staff support required.</p>			<p>This question has been answered prior to the DQM audit.</p>	E

Standard	Lines of Enquiry	Met	Not Met	Comments	*E
<p>8.3. People living at the home are supported to have adequate nutrition and hydration through provision of choice to meet their diverse needs.</p>	<p>Observation of custom and practice around supporting appropriate nutritional intake in line with individual daily routine/hunger needs. Philosophy of care/mission statement. Records of involvement in menu planning by people accommodated. Drinks and healthy snacks are made easily available. Food and drink is made appetising through smell, taste and touch. Is there any opportunity for people living at the home to be involved in the preparation of meals e.g. growing fruit or vegetables? Staff discussion and care planning records about cues, recording of intake and amount of staff support required.</p>	<p>X</p>		<p>We observed residents and staff throughout the day and saw that staff supported residents with adequate amounts of drinks and food. We looked at the care records for residents and saw that food and fluid charts in place where it was indicated the resident was at risk in this area.</p> <p>We saw that residents' preferences were documented and the cook uses this information for menu planning.</p> <p>We spoke with residents about the food, they said "The food is lovely here, we have plenty of choice and plenty to eat".</p> <p>This means that people living at the home are supported to have adequate nutrition and hydration.</p>	<p>E</p>