Community Integrated Care

eachstep
Understanding Dementia Care

Progress for Providers

Checking progress in delivering personalised care and support

The EachStep Way

EachStep

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For further information about the development of Progress for Providers, please see Progress in Personalisation for People with Dementia, Trevor Adams, Martin Routledge and Helen Sanderson (2012) www.helensandersonassociates.co.uk

Foreword

Neil Matthewman

Chief Executive of Community Integrated Care

At EachStep Blackburn, we want to provide genuinely person-centred support, delivered by highly trained colleagues with strong values, and to forge great links with the community. Our partnership with Helen Sanderson Associates and Community Circles helps us achieve and surpass these goals. We are thrilled to be working together to explore how dementia care can be delivered more creatively, ambitiously and innovatively, and to share our learning with the social care sector.

Introduction

EachStep is a pioneering model of dementia support that has been developed by the national health and social care charity, Community Integrated Care.

As its name suggests, it seeks to support people throughout 'each step' of their journey with dementia by providing them with a specialist service that can adapt with changing needs, and also offer their loved ones the support and stability that they need too. It achieves this by bringing together dementia-friendly environment design, leading person-centred care approaches, values based recruitment, specialist training and a significant focus on community engagement.

EachStep Blackburn takes the concept further, through partnership with Helen Sanderson Associates and Community Circles.

This Progress for Providers demonstrates the elements of the EachStep Blackburn approach. It is being used in practice to ensure that together we are delivering truly person-centred support, and paying attention to civic life and community connections

This self-assessment tool will enable us to track the process that we are making at EachStep. Here is how we are using it:

For each topic we will score our progress on a scale of 1 to 5:
Ticking boxes 1 or 2 means we are starting to look at and act on the topic.
Ticking 3 or 4 means we are delivering person-centred care in that area.
Ticking 5 means we are delivering truly personalised services and using person-centred practices in that area.

We mention specific person-centred thinking tools and approaches in Progress for Providers and these are highlighted in **bold type**.

We are using Progress for Providers to assess our practice and then to use it to develop our actions plan. The action plan describes how we are going to develop and change and move towards statement 5 (excellent practice) for each topic.

Contents

Section 1 - The person

Section 2 - The family

Section 3 - The staff and manager

Section 1

The person

Tick one box ✓

1 We see and treat the person with dementia as an individual, with dignity and respect

1	We have only very basic information about the person and their needs. Staff struggle to describe the person in a positive way.	
2	We see the person as an individual as much as possible, but we only have information about their care needs. Most of the time people are talked about respectfully.	
3	We see the person as an individual with strengths and qualities. People are consistently described and treated with dignity and respect.	
4	Staff describe people positively. We have recorded information about the qualities and strengths of each person we support in their **one-page profile**. We don't just record this, we try to use it in our day-to-day support and in our conversations with the person. Dignity is seen as everyone's business and every staff member sees themselves as a 'Dignity Champion'.	
5	We know and have a record of each person's gifts and qualities. We use a variety of ways to communicate how we value each person. We share this information publicly, for example, a framed Wordle of what we appreciate about people. We use the information about what we value about individuals in their day-to-day support. People are described and treated respectfully and positively, as individuals, by all staff. Staff feel comfortable expressing positive feelings to people.	

2 We understand the person's life history

1	The only information that we have about the person is in the care plan. Any record of their life history is likely to be in the context of negative experiences or behaviour.	
2	We know it is important to know about the person's life history but we don't have time to do this.	
3	We are committed to finding out about each person's life history and have started to work with a few people to write their histories when we have time.	

		Tick one box ✓
4	We have recorded histories for most of the people we support. We have different ways to record and share people's life story, according to what the person wants. We are starting to use this information in our conversations with people. We have a plan to complete histories for everyone.	
5	We know and have a record of each individual's personal history. This is recorded in a way that works for the person, (for example on a **history map**, life story book, timeline, scrapbook, memory box or DVD – different for different people).We also have a community map and a relationship map so as we can ensure the places and people that matter to the person don't get lost when moving into the home. We use this information in our day-to-day conversations and support. We share ourselves through our own life stories.	

3 We know and act on what matters to the person

1	We focus on keeping people clean, fed and safe. We do not know what matters to each person. Our priority is to look after them.	
2	We know we need to recognise what is important to people, but we don't have the time to do this. We make sure that staff use the individual's preferred name.	
3	We have started to find out about and record what is important to the person, and we are using person-centred thinking tools to help us do this (for example **good days and bad days**, **relationship circles**, learning about people's routines). This information is starting to change how we support people.	
4	Most people have a record of what matters to them (for example a **one-page profile**). Staff use this information in conversations and how they support people. New staff use this to get to know the person quickly.	
5	We know what is important to each person we support. This is clearly recorded and includes specific detailed information, including relationships, sexuality, routines, interests and ways of participating. Every person has a one-page profile. The **one-page profiles** develop and change as we learn more about the person. Staff intentionally work to make sure that what is important to the person is happening purposefully in their day-to-day life. Where there are obstacles to achieving this, these are shared with the managers, who help to find ways around this. We have **night-time one-page profiles** as well.	

4 We know and act on what the person wants in the future (outcomes)

Tick one box ✓

1	Our job means focusing on the here and now.	
2	We think it would be good to plan for the future but we are not sure if it is our role and we don't have the time to do this.	
3	We are trying to help some people think about their future and what we may need to do to help with this.	
4	We help everyone think about their future; what they may like to try or do. We have a record of this and actions that we are working on. This includes advance decision-making about end of life care and arrangements.	
5	We know what people want in the future; their dreams, hopes and aspirations. We have a record of each persons' '**if I could I would**'. We have gathered this information from the person and those who know, love and care about them. There are specific, measureable, achievable and timely actions for us, to help people to achieve their wishes (outcomes). We are clear about our role in this and how to support the person to make changes themselves. We review progress with the person. We have person-centred advance care planning in place for end of life care and arrangements (for example, using *Living well: thinking and planning for the end of your life* and **one-page summaries of end of life wishes**[1].	

[1] *Living well: thinking and planning for the end of your life.* Helen Sanderson, 2010

5 We know and respond to how the person communicates

1	We support people by following our policies and procedures; we do not specifically record how people communicate.	
2	We realise that we need to understand more about how people communicate and what they are trying to tell us.	
3	We have started to introduce **communication charts** as a first step. Staff are now beginning to understand that all behaviour (including 'challenging behaviour') is communication and are developing their skills in observing, recording and communicating with people.	
4	We use **communication charts** with the majority of the people we support. Staff understand their own role in effective listening and communication and know how to respond to people.	
5	We know and respond to how the person communicates. This is clearly recorded (for example using **communication charts**) and staff know what a person means when they behave in certain ways and how staff should respond. These are up to date and used consistently by all staff.	

6 The person is supported to make choices and decisions every day

Tick one box ✓

1	The people we support are not involved in decisions about their life.	
2	We realise that people should be involved and included in any decisions about their life. We also recognise that this could help people feel more in control. We do not know how to do this yet. We use best interest meetings.	
3	We have started to develop **decision-making agreements** with people and tried out different approaches to help people to make decisions. We are using best interest meetings and engaging families to assist in the process.	
4	The use of **decision-making profiles and agreements** is common and we have many examples of people making decisions about what is important to them. We are struggling to ensure that this includes people without capacity or communication issues. Staff support people to record their decisions. We use advocacy from others where necessary. We support individuals to plan in advance for the end of their life in a sensitive way (for example, using *Living well: thinking and planning for the end of your life*[2]).	
5	Staff know the decisions that are important to the person, how to support the person with these decisions and how the final decision is made. This is recorded (in a **decision-making profile and/or agreement**). We make sure people get representation if they need it. We have supported some people to make decisions that we don't agree with and manage the tension in this. We support people to extend the range and importance of the decisions that they make, to have more control over their life, through advocates if necessary. Everyone is sensitively supported to think about and plan for the end of their life, and these decisions are recorded and shared with the family and GP where appropriate. People choose what, when and where they want to spend their individual time. They make the final decision about who supports them in their individual time.	

[2] Helen Sanderson Associates, ibid

7 We know exactly how the person wants to be supported and how to support them to be fully part of everyday life

1	We have established policies and procedures for how we support people and we support everyone in the same way.	
2	We know that to support people effectively, we need to find out how they would like to be supported. We are unsure how to do this and record the information. Currently our approach is not flexible enough to allow this to happen. We are task orientated rather than people orientated but we want to change this.	

		Tick one box ✓
3	We acknowledge the importance of finding out from people what good support looks like for them individually and we have begun to explore this with them. We have developed a plan to gather this information for everyone, using person-centred thinking tools.	
4	Everyone in the team is clear about what good support looks like for each person they support. We have started to record this (in one-page profiles). Staff understand what this means for their practice on a day-to-day basis and are using this information to inform how they support people.	
5	We know and act on how the person wants to be supported. This is clearly recorded, is detailed, is specific to the person and staff use this to deliver individual support. The information includes the support people want in their routines, in relationships and interests, and how to help people to be healthy, safe and participating fully in everyday life. This includes support specific to the person's culture, gender, race, religion, belief and sexuality. Staff know what their **core responsibilities** are and where they can use their judgment around each person's support. We review staff performance on their ability to provide support in the way that someone wants. We use technology and assistive technology to get our support right for the person. People are as active in their own care as possible.	

8 We know what is working and not working for the person, and we are changing what is not working

1	We do not know what is **working or not working** for the people we support.	
2	We want to learn what people think is **working and not working** in their lives. We are not sure how to do this and are fearful that we will not be able to respond and make the changes they want.	
3	We have started to routinely ask people what is **working and not working** from their perspective about their life and the service they receive (for example, as part of a person-centred review).	
4	Staff are confident in supporting people to tell us what is **working and not working**. This happens for everyone at least once a year. There is an action plan developed from this. We have created a system that will gather this information from people so that we can plan strategically what needs to happen in the service.	

Tick one box ✓

5	We have a process to learn what is **working and not working** for the person, from their perspective through **person-centred reviews**. We have actions (with a date and a named person responsible) to change what is not working. The actions are reviewed monthly with the person and their family. We capture data at the annual review to inform the Working Together for Change process.	

9 We support people to initiate and maintain friendships and relationships

(For family relationships see Section 2, page 15)

1	The only people in the person's life are paid staff. We don't see it as our responsibility to support people's other relationships.	
2	We realise that people might want to meet and make more friends but we are fearful that this could expose people to harm and risk, and we are not prepared to accept responsibility for this. We are not sure how we would begin to find out who is (or could be) important in the person's life.	
3	We have started to work out how we can support people to build and maintain relationships. We are still worried about the risk and how to manage this. We have started to understand what is in the local community and we are developing **relationship circles**. Staff are putting a greater focus on people's interests and friendships.	
4	We have tried a number of approaches to support people with their friendships and relationships. We know who is already important in the person's life (for example, by using a **relationship circle**) and people now have opportunities to meet new people who are not paid to be with them. We are gathering the learning and sharing good practice.	
5	We support people to maintain relationships that are important to them (including sexual relationships). We support people to make new relationships with people in their home and with their wider community through a **Community Circle**. We have a culture that creates positive, mutual, valued relationships between staff and people who live here.	

Tick one box ✓

10 We support the person to be part of their community and civic life

1	It is not our job to connect people to the community.	
2	We think it would be good if people were out and about in the community more but can't see how we can do this within our current resources.	
3	We are committed to exploring ways of people being part of their communities and civic live, and we have started thinking about how to do this with a few people we support (for example, using **community maps**, **recording gifts** and **presence to contribution**).	
4	We support some people to go out and be part of their community, and we use person-centred thinking tools in the way that we approach this.	
5	We support people to be involved in their community and civic life through their **Community Circle**. We use **community maps** that show the places that are important to the person and we actively support people to be part of their community and make a contribution in whatever way works for them. Each person has at least 2 hours individual time a month to spend in the community doing something that matters to them.	

11 The environment is pleasant, homely and busy

1	The home looks and feels rather sterile and we don't have the time or resources to make it homely. People rarely engage in purposeful activity. It is not easy for people to find their way around. The chairs are all the same and are placed around the outside of the room. We don't have the resources or skills to develop an environment that supports people's independence.	
2	We understand the need to make things homely and well sign-posted and have tried some simple approaches to this. We are considering how the environment can be enhanced to support people's independence.	
3	Chairs are arranged to enable people to talk to each other easily. There are a few things to occupy people. People can find their way around (use of contrast, colour and appropriate signage). We have made some improvements to support independence.	

Tick one box ✓

4	The home is comfortable and is arranged to suit people (for example where people like to sit) and support their independence. There is a range of things for people to do. There are areas where people can sit and relax, space to do hobbies and activities, and quiet spaces. There is an outdoor space with places to sit.	
5	The environment is pleasant, homely and busy. People have as much control over their physical environment as possible, (for example the temperature, noise levels, music). There is a wide variety of things for people to do (for example, arts and crafts, hobbies, games). We look for opportunities for people to have roles in looking after the home, including nurturing plants and animals if they choose There are spaces inside and outdoors for relaxation and hobbies. Staff understand the importance of how the living environment affects people. The activity programme is based on what matters to people as described in their **one-page profiles**, and what they would like to try.	

12 We support individuals to be in the best possible physical health

1	We focus on keeping people clean and comfortable. We do our best to keep track but sometimes people lose their glasses, hearing aids or dentures.	
2	We try to get people moving about when we can. We have a monitoring system that prevents pressure ulcers, falls, infections and so on.	
3	We check on a daily basis that people have the right glasses, hearing aids or dentures and try to ensure that people have regular health checks. We look out for any signs that people may be in pain. We support people to look after their appearance.	
4	We are confident that people have up to date health checks and always have their own glasses, hearing aids and dentures. We keep good records of these. When someone's behaviour changes, we look to see if there is a physical cause and look out for indications that people are in pain. We have an active programme to keep people healthy and fit through exercise programmes and healthy eating. We have a medical review that is part of their person-centred information.	

Tick one box ✓

5	We pride ourselves that people are in the best possible physical health and comfort. We know and have a record of the best ways to support each person to be physically healthy, and how we will know if they are in pain. We support people to be physically active, both inside and outside the home, as part of their daily routine. We actively seek ways to reduce the amount of medication that people are on. We ensure that everyone has regular sight and hearing tests, and have a medical and dental review as part of a **person-centred review**. We are always looking out for signs that people may be in pain and act immediately.	

13 There is a person-centred culture of respect and warmth

1	Staff talk over people and are focused on getting all the daily tasks done. Sometimes staff 'tell people off' and are patronising. People may be labelled (for example 'the wanderer'). All staff wear uniforms.	
2	Staff try not to talk over people and know the importance of treating people with respect, although there is still some patronising behaviour towards people with dementia. Staff wear uniforms.	
3	No-one wears uniforms and everyone is addressed by their first name. Staff know the importance of developing good relationships with people with dementia and take time to talk to people as much as possible. Staff have a name badge with their first name on it.	
4	All staff work to develop good relationships with people and see this as very important in their role.	
5	Staff have a clear, recorded set of values that underpin their work and agreed ways of working in respectful, warm and positive ways. Staff are comfortable in sharing information about themselves to develop warm and trusting relationships with people they support. Staff are clear that their role is not task focused but relationship focused.	

14 People have personal possessions

1	Everything is treated communally and it sometimes means that people end up wearing other people's clothes. People may not have shoes.	
2	Most clothes are labelled and we do our best to make sure people have their own clothes and wear shoes. People have a few personal possessions in their room (for example, photographs).	

		Tick one box ✓
1	We encourage people to have as many personal possessions as they want in their bedroom. We ensure that people have their own clothes and shoes and that these are looked after.	
2	Everyone has a range of personal possessions in their room, and we support people to take care of them.	
3	Everybody has their own/ many personal possessions and we know which possessions are important to people. We ensure people have support to look after their possessions (for example photos, plants, jewellery, clothes, ornaments, CDs, DVDs and smart phones). We actively support people to buy more possessions if they choose.	

15 Mealtimes are pleasurable, flexible, social occasions

1	We offer one choice of dish each meal time. We have fixed times for meals and have to work hard to make sure that everyone eats then.	
2	We have fixed times for meals, with one dish available but we accommodate dietary preferences and requirements like halal or gluten-free meals. Mealtimes feel rushed but we try and talk to people, as well as feed them.	
3	We are as flexible as we can be around mealtimes and usually offer people the choice of a couple of dishes. We help people to choose the one they want as much as possible. We try to make mealtimes sociable occasions.	
4	We support people to choose from several meal options. We pay attention to the presentation of the food so that it looks appetising. People can take as long as they want over their meals. People are encouraged to help with preparing meals or laying the table.	
5	Mealtimes are pleasurable, sociable occasions. People choose when, where and what they eat (for example, using picture menus) and who they want to eat with. The meals are delicious and attractively presented. People can take as much time as they want over their meals. A range of finger foods and snacks is always available. People are supported to take an active role in meal times, for example preparing meals or laying the tables. People get the support they need to eat and drink in a respectful and unobtrusive way. Staff and people living in the home sit and eat together.	

Section 2

Family

Tick one box ✓

1 The home is a welcoming place for families

1	We have visiting hours when families can come. We are strict about these. It is important that staff can get their jobs done without visitors around.	
2	We have visiting hours but we are flexible with these.	
3	Families and friends can visit when they want, within reason. The entrance is welcoming and it is easy to find your way around when you come in.	
4	We welcome family members and friends, work hard to make sure they feel at home and make them drinks when we can.	
5	Family members are welcomed at all times, including meal times. Family members feel at home and can make themselves drinks when they want. Families can meet together privately if they wish, in the person's bedroom and in other places. We have a family one page profile so as we know how best to support the family as a whole. Staff mini-profiles are displayed at the entrance as an introduction to the family of all team members.	

2 Family members have good information

1	We do not see our role as providing information for families. We answer questions that families have, when we have time.	
2	We try and help families as much as we can when they ask questions.	
3	We have leaflets and information at the home and tell families about these when they ask questions. We provide information on notice boards about what is happening in the home.	
4	We proactively make sure that families have good information about what is happening in the home and in their family member's life.	
5	Family members have all the information they need, when they want it, in everyday language. This is through a range of sources, such as newsletters, social media and one-to-one sharing. Family members know what is happening in the home generally, as well as in the life of their family member. Families have a welcome pack that explains how EachStep works and how they can contribute and participate. We co-develop a best way to communicate with the family plan.	

3 Families contribute their knowledge and expertise

Tick one box ✓

1	We get our information about the people we support from the files.	
2	We know that families have information about the person and we try and get this when we can.	
3	We make sure that we talk to the family and get all the information they have for our records.	
4	We work with the family to learn about the person's past as well as who they are today. We record this information in a person-centred way. We invite the family to reviews.	
5	We acknowledge the expertise of families as those who know and care most about the person. Families contribute to our understanding of the person, for example the person's history, communication preferences, knowing what matters to the person, their aspirations for the future, how they are best supported and their connection to the community. We proactively work with families to enable them to contribute to **person-centred reviews** (for example, by arranging them at times that suit the family) and actually providing care if they choose and by using the four plus one questions on a monthly basis to review our support.	

4 We support family relationships to continue and develop

1	It is not our role to get involved in relationships between the family and the person.	
2	We try and help families stay in touch but there is not much that we can do.	
3	We do what we can to help families stay connected, for example, by talking to the person about their family.	
4	We spend time working out how the person can stay in contact with their family and what we can do to help, for example, making sure that the person is supported to send birthday and celebration cards.	
5	We support people to remain an active part of their family, continuing with relationships and family celebrations that are important to them. We support families as circumstances and relationships develop and change. We actively work with families to share their perspective through **person-centred reviews** and learning what is working and not working from different perspectives, and through Community Circles.	

Section 3

Staff and managers

Tick one box ✓

1 We have knowledge, skills and understanding of person-centred practices

1	None of the staff has any understanding or experience of using specific person-centred thinking tools or practices.	
2	We know that we need to develop our skills, knowledge and understanding of person-centred thinking tools but have not developed any plans to do this and are not sure how to begin.	
3	We have a plan to develop our understanding of person-centred thinking and some of the team have begun to use person-centred thinking tools and approaches. We have started to look at some of the information available on person-centred thinking (for example, the short films on person-centred thinking on YouTube).	
4	I am using person-centred thinking tools and approaches myself, and all the team know and are successfully using several of the tools. I have a **one-page profile** and so do each of the team, and we are using this in our work together.	
5	We all have our own **one-page profile** and we use this to inform our practice. We are all confident and competent in using person-centred thinking tools,using them consistently in all areas of our work to enable people with dementia to have as much choice and control as possible in their lives. Everyone can describe the person-centred thinking tools (why and how you can use them and the benefits to the person with dementia) and talk about their experience of using them, and the outcomes achieved.	

2 Staff are supported individually to develop their skills in using person-centred practices

1	No one in the team has a personal development plan and we are not using any process to reflect on how we work and how to develop our skills.	
2	I recognise that all staff need ongoing support and opportunities for development, to build their skills and knowledge, and a way for their progress to be monitored. I am not sure how to go about this.	
3	I have started to talk to each team member about how they are doing in using person-centred thinking tools and approaches in their work. This is on an ad hoc basis.	

		Tick one box ✓
1	I talk to each team member on a regular planned basis about how they are developing their skills in using person-centred thinking and approaches, and how I can support them in this. I have a record of the progress that team members are making (for example, using the **person-centred thinking rating scale**).	
2	Each staff member has a regularly reviewed individual development plan that includes how they are developing their competence in using person-centred practices with people who have dementia. This includes celebrating successes and solving difficulties. I ensure that staff members reflect on their own practice and are accountable for this. We use a range of ways to ensure each staff member has individual support in using person-centred thinking tools and approaches (for example, peer support, mentoring and person-centred thinking as a standard agenda item for supervision). We have a mechanism for recording and sharing best practice across the organisation.	

3 Our team has a clear purpose

1	We have an organisational mission statement created by the senior manager/management team/owner. This complies with requirements. We have not considered how this should be reflected in the way we work.	
2	We think it would be helpful for the team to think about our purpose as a team but I am not sure how to go about this.	
3	We have begun to talk with staff about what our purpose is and to think about how we can record this.	
4	We are clear about our team's purpose and how this fits with the organisation's mission statement. We have developed this together as a team and with people using the service.	
5	The organisation's mission statement informs the team's purpose. Everyone understands the connection between the mission and their individual purpose and role. The team knows what their team purpose is and what we are trying to achieve together. All team members know their purpose in relation to the people they support, their team and the rest of the organisation. This is recorded (for example in a **purpose poster** or team purpose statement). The team's purpose informs the work of the team and there is evidence of this in practice.	

Tick one box ✓

4 We have an agreed way of working that reflects our values

1	We don't really think about values, we just get on with the job.	
2	We realise that we need to explore our values and beliefs as a team and how this can inform our practice.	
3	We have started to think together about our team values and how we work together. We know what is working and what needs to change.	
4	We have agreed our values and team principles and developed an action plan that addresses what needs to change, in partnership with people we support.	
5	The team has a shared set of beliefs or values that underpin their work and agreed ways of working that reflect these. These reflect working in a person-centred way to ensure that people have maximum choice and control in their lives, as part of their local community. The team principles and ways of working are clearly documented (for example, ground rules, **team charter**, **person-centred team plan**, team procedure file). The team regularly evaluates how they are doing against these agreed ways of working (for example, by using what is working and not working from different perspectives).	

5 Staff know what is important to each other and how to support each other

1	My team members do not know each other very well.	
2	I have started to work on ways that I can help the team know more about each other; what matters to them as people and how they can support each other at work (for example, starting with **one-page profiles** for everyone).	
3	I am learning what is important to my team and how best to support them. We are all aware of how to support each other and what is important to each other and we are working at putting this into practice.	
4	My team and I have all documented how best to support each other and what is important to each of us. We know how we make decisions as a team and the best ways to communicate together.	

Tick one box ✓

5	As a team we know and act on what 'good support' means to each person. This information is recorded (for example, in a person-centred team plan). We regularly reflect on what is **working and not working** for us as a team, and what we can do about this. We have a culture where we appreciate each other's gifts and strengths and use these in our work wherever we can. People living in the home have a copy of their Key Workers (or whatever title we use for this role) mini profile.	

6 Staff know what is expected of them

1	I think each team member has a general sense of what is expected of them.	
2	All staff have a generic job description and work to organisational policies and procedures.	
3	I know that staff need to be clearer about what their important or core responsibilities are and where they can try out ideas and use their own judgement. We have started to have discussions in the team about this.	
4	Some staff are clear about what is expected of them and where they can make decisions themselves. There are still some grey areas that we need to explore more. We are using person-centred thinking tools (for example, **the doughnut**) in clarifying expectations and decision making.	
5	Staff know what is expected of them – they are clear about their core responsibilities and where they can try new ideas in their day-to-day work. Staff are clear about their role in people's lives and know what they must do in relation to the people they support and team, administrative or finance responsibilities. Staff know how to use person-centred practices to deliver their core responsibilities. Staff know where they can use their own judgement and try new ideas or approaches, and record what they are learning about what works and does not work when they use their own judgement. Roles and responsibilities are clearly recorded (for example, in **a doughnut**) and this is reflected in job descriptions.	

Tick one box ✓

7 Staff feel that their opinions matter

1	I make all decisions; I don't involve my team. I chair team meetings and set the agenda. I set the agenda for supervision and appraisal.	
2	I recognise the need to find a way to listen to my staff team, value their opinions and engage them in decision making. I am trying to improve how I do this.	
3	My team have some involvement in setting team meeting agendas. I still make most of the decisions.	
4	I regularly meet with my team and discuss issues that they raise (in team meetings and other day-to-day opportunities). They contribute to team meetings agendas and make suggestions for supervision discussions. Some staff make suggestions for new ideas or changes. We are starting to use person-centred thinking tools to listen to each other.	
5	All staff feel that their opinions are listened to. Team members are asked for their opinions and consulted on issues that affect them. Team members feel confident in suggesting new ideas or changes to me. We regularly use person-centred thinking tools in the team to listen to each other's views and experiences (for example **4 plus 1 questions**).	

8 Staff are thoughtfully matched to people and rotas are personalised to people who are supported

1	I write staff rotas based upon staff availability. The rota meets the requirements of the service. There is a system for staff and people who use the service to make requests.	
2	I have identified the preferences of people who are supported and the staff (for example, using the **matching tool** and **one-page profile**). I write the rotas and take these preferences into consideration where possible.	
3	Sometimes people who are supported are matched to staff with similar interests but service need still takes priority.	

		Tick one box ✓
4	My team and I know what individuals' preferences are, how they like to be supported and what is important to them. These preferences are acknowledged in the way that the rota is developed, so that we get a good match between the person and the staff who support them. Rotas are developed around people using the service, based on the support they want and the activities they want to do, and who they want to support them. Staff are matched to individual time based on personality, shared interests or 'if I could I would'.	
5	Decisions about who works with whom are based on what the person supported wants. Where the senior staff make this decision, it is based on which staff get on best with different individuals, taking into account what people and individual staff members have in common (for example, a shared love of rock and roll music) as well as personality characteristics (for example, gregarious people and quieter people), necessary skills and experience. People can choose different staff for support with hobbies and interests, and personal care.	

9 Recruitment and selection is person-centred

1	Staff are recruited to the team based on formal job descriptions that have been developed by the organisation.	
2	I know I should involve the people who receive a service in recruitment but I am not sure how to go about this.	
3	I have started to look at 'good practice' examples of ways to involve people in recruiting their support staff. We have started to explore how we can develop job descriptions that reflect what is important to the people we support.	
4	We have worked with people and identified ways for them and their families to be involved in recruitment and selection of their staff. This happens some of the time. We have developed personalised job descriptions and adverts based on what is important to the person and how they want to be supported. We use the **matching tool** in our recruitment processes.	
5	Our recruitment and selection process demonstrates a person-centred approach. We recruit people who can deliver our purpose by selecting people for their values, beliefs and characteristics, not just their experience and knowledge. Where people's funding is individualised, job descriptions are personalised to the people who are supported, using information from the **matching tool**. It is common practice for people to be involved in recruiting their staff, in a way that works for them.	

Tick one box ✓

10 We have a positive, enabling approach to risk

1	I encourage my team to make sure people are safe and do not take risks. We adhere to all required legislation.	
2	I am aware that I need to encourage my team to become less risk averse. I am not sure how to do this.	
3	I am working with the team to help them take a responsive and person-centred approach to risk. We are starting to use this in some situations.	
4	We use a person-centred approach to risk most of the time. We involve the people, family and others in thinking this through. I ensure everything is documented and adheres to the relevant legislation.	
5	We ensure that risks are thought through in a person-centred way that reflects what is important to the person and decisions are clearly recorded. The person and their family are centrally involved in the way that we do this. We support people to take the risks that they want to take.	

11 Training and development is matched to staff

1	All training is based on statutory requirements. I make sure that we meet minimum legal and statutory requirements.	
2	I recognise that I need to find a way for training and development opportunities to reflect the needs of the service we provide to people, and motivate the staff.	
3	I have started to think about how I can introduce learning and development opportunities to staff that will reflect the needs of people who receive a service and also encourage and develop the team member. I have begun to look at **what is working and what is not working** for individuals and also researching what is available.	
4	We have identified all training needs, learning and development opportunities and have a plan in place. Training and development opportunities reflect the needs and wishes of people who receive a service and have been agreed with team members. Person-centred thinking and approaches are central to our approaches to training. We comply with all legal and statutory requirements.	

Tick one box ✓

5	We provide development and training opportunities to all staff, including volunteers, that focus on increasing choice and control for people we support and delivering an individual, person-centred service. Within a few months of starting with the organisation, new staff have induction training that includes using person-centred thinking and approaches to deliver our purpose. Our training enables staff to be up to date with best practice in delivering choice and control for people with dementia and using person-centred practices to enable people to live the lives they want. We know that the senior staff are key to delivering a person-centred service and we have specific training and support to enable them to use a person-centred approach in all aspects of their role, and to be able to coach their staff in using person-centred thinking skills.	

12 Supervision is person-centred

1	I set the agenda and make the arrangements for staff supervision. I meet the minimum requirement.	
2	I am aware that staff support and supervision practice needs to be reviewed. I am not sure how I can change the current arrangements.	
3	I have started to think about involving people who receive a service in staff supervision. I have talked to people and staff about how we might go about this. Most members of staff have supervision meetings.	
4	All staff (including the manager) are supervised and people who staff support usually contribute through sharing their views with me before the supervision session. Supervision results in actions and the meetings are documented. I have started to use person-centred thinking tools in supervision sessions.	
5	Each staff member and the manager has regular, planned, individual supervision. Supervision includes giving staff individual feedback on what they do well and an opportunity to reflect on their practice, we review what is working and not working about the staff members one-page profile and develop actions to change what is not working. Staff are coached to develop their skills in working in a person-centred way. There is a clear link between training and supervision and what people do when they are at work (for example, when people attend training, managers expect to see a difference in their work, and this is discussed in their individual supervision). The views of people supported and their families are very important in the supervision process and people are asked their views before supervision.	

Tick one box ✓

13 Staff have appraisals and individual development plans

1	Most of my staff have an appraisal. I set the agenda and assign objectives.	
2	I have recognised that people who receive a service and their families should be given the opportunity to feed back on the support they receive from staff. I am not sure how I should go about this. Staff have an appraisal but do not really contribute to the agenda or any development plan.	
3	I have a plan in place to ensure that each member of staff receives an annual appraisal. Where possible, I try to seek the views of people who receive a service and their families.	
4	We have a variety of ways for people who receive a service and their families to contribute their views to staff appraisals. All staff are asked to reflect on what they have tried, what they have learnt, what they are pleased about and whether they have any concerns. We then agree what actions need to be taken from all the information gathered.	
5	Team members get positive feedback about their work and have annual appraisals and individual development plans. Annual appraisals include feedback from people supported and their families, about **what is working and not working** about the support they receive. This results in an individual development plan with clear goals that build on strengths, focus on working in a person-centred way, and further developing skills.	

14 Meetings are positive and productive

1	We have occasional team meetings but not everyone attends or contributes.	
2	There are frequent team meetings. I set the agenda and chair the meeting. There is little structure to the meeting and they are not as well attended as they could be.	
3	I schedule regular team meetings. The meeting tends to be an information-giving forum and does not often include problem solving or celebrating successes.	
4	We have regular structured team meetings which are documented. Actions are agreed, recorded and followed up. They are well attended and most people contribute.	

Tick one box ✓

5	Our team has regular, productive team meetings that are opportunities to hear everyone's views and contributions. Team meetings include sharing what is going well and problem solving (for example, practicing using person-centred thinking tools to solve problems). Outside of formal meetings, people are encouraged to use peer support (for example practice groups and action learning sets).	

Action plan

On the following page we have included an action plan. You can use your score to plan your next steps. Look at each section and what the next statement suggests you may want to work towards. You can use this to record what you are going to do to achieve this, who will be responsible for this, and when you want this to be achieved.

Summary of actions

Section 1 The person	What we want to work towards (the next statement in the section)
1 We see and treat the person with dementia as an individual	
2 We understand the person's life history	
3 We know and act on what matters to the person	
4 We know and act on what the person wants in the future (outcomes)	
5 We know and respond to how the person communicates	
6 The person is supported to make choices and decisions every day	
7 We know exactly how the person wants to be supported and how to support them to be fully part of everyday life	
8 We know what is working and not working for the person and we are changing what is not working	
9 We support people to initiate and maintain friendships and relationships	
10 We support the person to be part of their community and civic life	
11 The environment is pleasant, homely and busy	
12 We support individuals to be in the best possible physical health	
13 There is a person-centred culture of respect and warmth	
14 People have personal possessions	
15 Mealtimes are pleasurable, flexible, social occasions	

What we are going to do (action)	Who will be responsible for this (name)	When this will be achieved (date)

Section 2 Family	What we want to work towards (the next statement in the section)
1 The home is a welcoming place for families	
2 Family members have good information	
3 Families contribute their knowledge and expertise	
4 We support family relationships to continue and develop	
Section 3 Staff and managers	
1 We have knowledge, skills and understanding of person-centred practices	
2 Staff are supported individually to develop their skills in using person-centred practices	
3 Our team has a clear purpose	
4 We have an agreed way of working that reflects our values	
5 Staff know what is important to each other and how to support each other	
6 Staff know what is expected of them	
7 Staff feel that their opinions matter	
8 Staff are thoughtfully matched to people and rotas are personalised to people who are supported	
9 Recruitment and selection is person-centred	
10 We have a positive, enabling approach to risk	
11 Training and development is matched to staff	
12 Supervision is person-centred	
13 Staff have appraisals and individual development plans	
14 Meetings are positive and productive	

What we are going to do (action)	Who will be responsible for this (name)	When this will be achieved (date)

Detailed action plan

Top priority

Why is this your top priority?

First steps

Who

By when

Who else needs to know/help this to happen?

How will I get their help?

What support will I/we need?

From inside the organisation

From outside the organisation

How will I know I have been successful?

What will have changed? What will you see? What will you feel? What will you hear?

Detailed action plan

Next priority

First steps

Who

By when

Who else needs to know/help this to happen?

How will I get their help?

What support will I/we need?

From inside the organisation

From outside the organisation

How will I know I have been successful?

What will have changed? What will you see? What will you feel? What will you hear?

Detailed action plan

Next priority

First steps

Who

By when

Who else needs to know/help this to happen?

How will I get their help?

What support will I/we need?

From inside the organisation

From outside the organisation

How will I know I have been successful?

What will have changed? What will you see? What will you feel? What will you hear?

Notes

First steps

Who

By when

Who else needs to know/help this to happen?

How will I get their help?

What support will I/we need?

From inside the organisation

From outside the organisation

How will I know I have been successful?

What will have changed? What will you see? What will you feel? What will you hear?