meaningful care matters
Free to be me

A Day to Remember –

Day Centre Butterfly Approach©

Observational Tools

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Name of person completing checklist:

Care setting:

Date of completion:

This Checklist has been developed based on the following academic research:

1. Alzheimer's Association. (2017b). Long-term care workforce issues: Principles for advocacy to assure quality dementia care across settings. Retrieved from http://alz.org/national/documents/LTCworkforceissues.pdf
2. Alzhiemer's Association. (2017c). Dementia training fact sheet. Retrieved from http://act.alz.org/site/DocServer/2013_Dementia_Training.pdf?docID=49067
3. Gaugler, J. E., Hobday, J. V., & Savik, K. (2013). The CARES(®) Observational Tool: a valid and reliable instrument to assess person-centered dementia care. Geriatric nursing (New York, N.Y.), 34(3), 194–198. doi:10.1016/j.gerinurse.2013.01.002
4. McCormack, B. (2004), Person-centredness in gerontological nursing: an overview of the literature. Journal of Clinical Nursing, 13: 31-38. doi:10.1111/j.1365-2702.2004.00924.x
5. Orellana K, Manthorpe J, Tinker A. (2020). Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived. Ageing Soc. 2020 Jan;40(1):73-104. doi: 10.1017/s0144686x18000843.
6. Sheard, D., (2008), Achieving real outcomes in dementia care homes, Alzheimer's Society United Kingdom, Appendix 4.

The checklist should be considered in combination with the other elements of the Meaningful Care Matters Audit Methodology which includes but is not limited to:

- The Qualitative Interactions Schedule (Dean and Proudfoot, 1997)
- Social Climate Surveys www.mindgarden.com
- Qualitative interviews with stakeholders

The purpose of this checklist is not to be definitive or to create another version of task-based care approach. The checklist need to be considered in terms of their relevance to each individual setting and environment. The purpose of the Checklist is to focus on a transformative person-centred approach and ultimately transforming culture where meaningful moments matter. Each item should be considered as follows:

"If I came to your care setting today would I see evidence of ..... being provided / offered to people with dementia"?

What is the…

FEEL	
LOOK	
SOUND	
SMELL	

… Of _____

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
Removal of Them and Us Barriers leading to Culture Change						
1.	Uniforms have been removed and staff look like 'best friends' and not like nurses in charge.					
2.	All toilets are communal and there are no separate staff toilets.					
3.	The team sit to share meals with people living with dementia.					
4.	All use of trolleys has been stopped – medication is given out discreetly and drinks and meals are served at the table or where people want them.					
5.	There is a relaxed 'go with the flow' feel to the day with no sense of institutionalized routines.					
6.	Evidence can be seen of managers modelling being with people in the living areas daily and any visible office area is open to people living with dementia to spend time in.					
7.	The team see management as feeling based leaders towards them and use words which describe this when talking about managers. The team express positive comments about why they work there and the feelings working there creates for them.					
8.	There is a strengths-based rather than problem-focused approach to support plans. Labelling language in support plans has been removed i.e. words such as 'wanderer', 'challenging', 'aggressive' are banned and the team do not use this language nor talk about people in communal areas in front of people.					

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
REMOVAL OF THEM AND US TOTALS:						
Evidence of a Dementia Specific Environment						
9.	Positive attempts have been made to reduce the impact of an institutional 'Day Care/Space' environment whilst retaining a quality environment – it looks more like a person's living room, a cosy Café or a kitchen in a house than a place of work.					
10.	Real small-scale domestic group living exists i.e. maximum lounge sizes of 10 – 12 people. (large spaces are broken up if other rooms are not available)					
11.	Orientation aids i.e. colour and objects and appropriate signage, including for toilets, throughout building exist to enable people to find their way through a range of cues.					
12.	Larger rooms are creatively divided into different areas with a variety of invitations to get involved in a range of social opportunities or quieter areas to be more peaceful for those who prefer this.					
13.	The reception, lounges and hallways are full of 'activity' props and resources (not tidied away) i.e. on tables and walls – objects and pictures to prompt memories and personal sharing, sensory items, open books and magazines, adult colouring pages, poems etc.					
14.	Lounges have artwork and pictures that denote the function of the room as a cue i.e. not confusing pictures or work signs unrelated to room function.					
15.	Lounges have sofas to enable closeness.					

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
16.	Bathrooms are not clinical but warm, inviting places to want to relax in – reduction of reflective tiling, and glare and they appear home-like and friendly.					
EVIDENCE OF A DEMENTIA ENVIRONMENT TOTAL:						
Continuity of Support						
17.	The centre/club provides social contact, preventive services and activities for people attending					
18.	The centre/club promotes and supports continued independence of health and daily living skills for people attending					
19.	The centre/club enables family/carers to have a break and/or continue with employment					
20.	The service has clear linkage and connects well to other parts of the local health / social care services providing the person with continuity of support.					
21.	The service evidences a whole philosophy approach providing person centred and relationship focused support to the person and their wider family/friends.					
22.	Families and local professionals feel included and involved in the community of the Day Club/Centre and are invited to participate in some of the social events and educational/support sessions taking place.					

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
23.	The service works closely in partnership with other healthcare professionals to ensure a comprehensive physical and psychological health assessment and continuity of healthcare needs are met.					
CONTINUITY OF SUPPORT TOTAL:						
Meaningful Care Approaches						
24.	On arrival people would see, hear and feel immediately within 5 minutes of walking in it is a feelings-based community of people sharing the day rather than a place of work.					
25.	As people arrive for the day, each person is welcomed individually and warmly encouraged to feel part of the 'family' and community of the Club/Centre.					
26.	Love, comfort and hugs can be seen to be visibly happening when needed. The team can be seen at times sitting and just 'being with' people.					
27.	The team demonstrate they know when people with dementia talk about mum, dad, kids, school, home and work, it is often not literal but about how people are feeling now.					
28.	The team demonstrate skill and understanding in responding sensitively to any people who do not want to be at the Club/Centre and want to leave and go home or people who are distressed and anxious.					
29.	The team develop close relationships with the relatives of those who attend the service and keep in touch with any changes in the situation for them, communicating with other professionals where needed.					

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
30.	Team members are able to express the Club/Centre's one key purpose about dementia care, both in relation to the people coming for the day and the support which is offered to families.					
MEANINGFUL CARE APPROACHES TOTAL:						
Free to Be Me - Evidence of Physical and Emotional Freedom						
31.	People are freely able to go outside into safe enclosed private areas without needing doors unlocked or having to be accompanied. Regular use of the outdoors is ensured where outdoors and indoors merge together as one area to occupy people with for example a busy garden, an old car on blocks, washing lines, 'activity' based sheds etc.					
32.	Families are visibly accepting people with a dementia's different realities and appear not to try to force their own reality when they visit. Clear evidence exists that families have been educated in the philosophy of the setting and service.					
33.	Team members are not obsessed with risk prevention and health and safety – they meet legal requirements but evidence during the day that their approach is in the context of promoting rights and freedom.					
34.	Team members clearly recognise the importance of people's emotional memory, emotional lives and their treasured emotional possessions and demonstrate this in their contact with people.					
35.	Physical activity and movement are promoted throughout the day not just through formal exercises or dance, for example going outside to feed the birds, folding serviettes, fetching something from another room etc.					

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
36.	Limited use exists of anti-behaviours medication – neuroleptics – where this is prescribed only as a last resort to relieve severe acute distress.					
	FREE TO BE ME TOTAL:					
Meaningful Occupation and Connections						
37.	Occupation and activity are built into all aspects of the day including the journey to and from the Club/Centre rather than confined to structured group activities at set times.					
38.	People living with a dementia are seen regularly doing domestic activities throughout the day and work – like jobs they did in the past, if and when they want.					
39.	Sensory calming and sensory stimulating approaches are alternated at different periods of time during the day.					
40.	Attempts are made not to mix up people with a dementia at different 'points' of experience who are fearful of one another.					
41.	Knowledge exists of how to 'match' the right level of activity and occupation appropriate to where an individual is in relation to their point of experience of a dementia.					
42.	Masses of 30 second connections between people visiting and working in the Club/Centre occur– the team look like they know how to be butterflies creating lots of positive moments and ensuring that no one is forgotten.					

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
43.	The service has developed creative, meaningful and regular community links – more than just occasional events (e.g. children singing at Christmas) and these links relate to individual interests of people e.g. Police Officers visiting a person who has been in the Police.					
44.	Activities are not restricted to the building - people have regular opportunities to go out into the community for example to the shops, a farm or a pub linked to interests and life stories.					
45.	Choices of different music and media and creative use of the internet and technology are used geared to individuals' interests and preferences.					
	MEANINGFUL OCCUPATION TOTAL:					
Focusing on the Meal Experience						
46.	Use of smells from cooking and food discussion, food pictures are actively used to orientate people 45 minutes prior to a meal with the aim of encouraging an increase in appetite and weight gain.					
47.	Meal choice is shown at the time of the meal i.e. is a visible not just verbal choice of the options for food and drinks.					
48.	Independence is actively promoted at the meal for example with vegetables in dishes, juice jugs and gravy boats and sauces on tables for people to help themselves.					

Tick one box per element listed below		YES	NO	PARTLY	N/A	EXPLANATORY NOTES
49.	The meal experience is turned into a social occasion and not a task. Team members are clearly trained in how to keep meal conversations going using objects, items in their pockets, and boxes on tables which are full of things to talk about including photos.					
50.	There is a flexible approach to meals so that people are able to eat when they feel like and snacks are offered regularly. Late breakfast options are available for people arriving in the morning.					
MEAL EXPERIENCE TOTAL:						
Person Centred Care Planning						
51.	Support plans show they focus on people's strengths and not lists of losses and dependency nor on problem-based sheets.					
52.	Detailed life histories – books, memory boxes etc. are being used daily by people.					
53.	Specialist skills in responding to people with rarer dementias or 'later stage' experiences or those also experiencing depression are evident for people attending the service with more complex needs.					
PERSON CENTRED CARE PLANNING TOTALS:						

Now you have completed all the sections please collate the total number of 'YES' 'NO' and 'PARTLY'	YES	NO	PARTLY	N/A
Removal of Them and Us Barriers leading to Culture Change				
Evidence of a Dementia Specific Environment				
Continuity of Support				
Meaningful Care Approaches				
Free to Be Me - Evidence of Physical and Emotional Freedom				
Meaningful Occupational and Connections				
Focusing on the Meal Experience				
Person Centred Care Planning				
OVERALL TOTALS				

Please list below any areas that this checklist has not identified that you feel the service is achieving, is partly providing or has not considered but needs to action in developing a more person centred response.		YES	NO	PARTLY	N/A
54.					
55.					
56.					
57.					
58.					

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