meaningful care matters
Free to be me

Meaningful Moments Matter

Observational Audit Tool

(80 Point Checklist)

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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. (2017a). 2017 Alzheimer's disease facts and figures. Vol. 13, 325–373. Retrieved from https://www.alz.org/documents_custom/2017-facts-and-figures.pdf
2. Alzheimer's Association. (2017b). Long-term care workforce issues: Principles for advocacy to assure quality dementia care across
3. settings. Retrieved from http://alz.org/national/documents/LTCworkforceissues.pdf
4. Alzhiemer's Association. (2017c). Dementia training fact sheet. Retrieved from http://act.alz.org/site/DocServer/2013_Dementia_Training.pdf?docID=49067
5. 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
6. 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
7. 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"?

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What is the...

FEEL	
LOOK	
SOUND	

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
Meaningful Care Approaches					
1.	**Policies and Procedures:** Policy and procedure documents balance a emotion/feelings centric approach as well as balancing regulatory compliance requirements.				
2.	**Core Values:** People can articulate the model of care and how they achieve meaning for people who live in the home.				
3.	**Home:** There is a lack of institutional feel and the living environment represents 'home' and the people who live and work here.				
4.	**Meaningful Leadership:** People who work and live at the home as well as family / friends of people living at the home are able to express that leaders of the home role model a meaningful approach and are able to ensure a genuine desire where people and their emotional needs matter.				
5.	**Nurse Leadership:** Nursing team members can demonstrate a balance between clinical needs and emotional needs: Interactions demonstrate a focus on ensuring emotional well-being and not purely task focused care.				
6.	**Sharing Life with People vs doing tasks with People:** Lots of emotions-based communication by team members can be seen occurring with attachment, meaning and connections visibly happening. People can just 'Be' with people.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
7.	**Two-way Giving:** People living with a dementia are enabled to experience and be in relationship with people through 'giving' to people as well as 'receiving' support from people.				
8.	**Two-way Giving:** Interactions are meaningful to the individual person and represent connection.				
9.	**Two-way Giving:** People living in the home express being valued either verbally or through non-verbal interactions with others.				
10.	**Two-way Giving:** Reciprocal interactions and mutual touch is seen between the people who work in the home and the people who live in the home.				
11.	**Meaningful Occupation:** Team members can demonstrate an awareness of engaging and interacting with people in the home that is not purely task focused and engages with people in a meaningful way. **(Link to QUIS observations if QUIS has been undertaken)**				
12.	**Language of Dementia:** People working in the home understand the language of dementia is about feelings, meaningfulness and emotions.				
13.	**Language of Dementia:** There is an awareness that language is not literal and does not include verbal language only.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
14.	**Language of Dementia:** Demonstration of a use of the senses and stories to assist in conveying meaningfulness and not pure reliance on verbal communication.				
15.	**Language of Dementia:** Validation of reality occurs rather than re-orientation.				
16.	**Staff Well-being:** Staff express positive comments about why they work there, the feelings and well-being working there creates for them, and that their emotional labour is recognised and supported. **(Link to comments from team member interviews)**				
TOTAL:					
Removal of 'Them' and 'Us'					
17.	**Uniform Removal** There is no uniform present for the people who work in the environment in order to promote a more relaxed and social type feel.				
18.	**Mutual life sharing:** People living and working together share their lives, use family-like terms to refer to people living and working in the home, eating together.				
19.	**Personalised Care Provision:** Clinical and daily care needs are undertaken in an individualized way which is not disruptive to the promotion of well-being and facilitates well-being				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
20.	**Meaningful Moments 'Free to be me':** Task orientation is not the routine that 'runs the day' but acknowledging and going with people in their own reality, time and space where tasks are more subtly completed is evident.				
21.	**Night Clothes for Team Members:** At night time, when appropriate, team members wear their own night clothes to match their 'look' to the help people need.				
22.	**Respect:** Staff do not talk about people living in the home whilst in the households and instead remove themselves to staff areas for any necessary discussion.				
23.	**Removal of clinical and staff only areas within the living environment:** The use of staff only areas are disguised within the environment to ensure there is a home like feel rather than an institutional feel.				
TOTAL:					
Home					
24.	**Home Like:** Positive attempts have been made to reduce the impact of a sterile clinical or hotel like environment whilst retaining a quality environment.				
25.	**Recognition of Rooms:** Where possible recreation of peoples own front doors or use of environmental cues linking to peoples life story are visible to assist with identifying the room which people in the home live in.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
26.	**Matching People:** People are matched i.e. grouped together at a similar point of experience of living with a dementia in order to reduce stress, to not mix up people fearful of one another and to increase individual well-being. This is evidenced by the following but not necessarily inclusive of all elements: • Household • Meaningful Occupation Activities are grouped and matched based on lived reality				
27.	**Lounge Diners:** Lounge diners are created where visibility, sensory cues and mealtime preparation become central to the day rather than a task to be completed.				
28.	**The 'Thread' of Life:** The whole household environment is created 'to tell the story' in the lounge diner, hallways and personal rooms of people's lives and the new moments they have shared living together.				
29.	**Personal Retreats:** Bedrooms are reflective of the story of life that people have led and is filled with elements which represent what matters and what is meaningful to the people whose room it belongs.				
30.	**Later Stage Sensory Stimulation:** There is an awareness of people who are living in the later stage reality and appropriate meaningful occupation and engagement is undertaken using the senses are in place and understood by team members.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
31.	**We are Family:** Families and Friends of people who live in the home are seen to be involved in the daily life of the home.				
32.	**We are Family:** There are established relationships between people which are meaningful				
33.	**We are Family:** There are clear interactions with other people who live and work at the home beyond task				
34.	**We are Family:** People are seen to engage and support reality of the moment				
35.	**We are Family:** Relationships are important and are fostered within the service				
36.	**Sense of Community and Belonging:** People living in home are supported to meaningfully engage, interact and maintain friendships with others living in the home as well as the wider local community is actively involved within the home.				
TOTAL:					
Tick one box per element listed below		**YES**	**NO**	**PARTLY**	**EXPLANATORY NOTES**
Free to be me					
37.	**Emotional Memory:** Staff clearly recognise the importance of people's emotional memory and their treasured emotional possessions and understand the interplay between these, demonstrating this in their daily contact with people.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
38.	**Acceptance of Reality:** Clear evidence exists that families have been educated in the philosophy of the household model of care. Families are visibly accepting of people living with a dementia's different realities and appear not to try to force their own reality when they visit. Families also understand the need for different households for each 'stage' of experience of a dementia.				
39.	**Promoting Rights and Mental Capacity Assessments:** Staff are not obsessed with risk prevention and excessive health and safety beliefs – they meet legal requirements and support regulatory compliance in terms of mental capacity assessments but evidence during the day that their approach is in the context of promoting rights and measured risks.				
40.	**Emotional Risk Assessments:** Emotional risk assessment processes are considered and enabled in conjunction with other risk assessment processes				
41.	**Freedom of Choice** People are supported to experience freedom of choice and enabled to embrace the reality of their lived experience through activities and occupation which is meaningful to them.				
42.	**Life Story** People working in the home have a knowledge of individual story and incorporate this into daily interactions to create well-being.				
43.	**Emotionally Safe and Secure** People can be themselves and are enabled to feel secure, loved and valued in their expression of who they are				
44.	**Restraint** Physical restraint is not utilized in any way shape or form				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
45.	**Psychotropic Medication Management:** Limited use exists of 'anti-behaviour' medication – i.e. anti-psychotic medication/neuroleptics, where this is used only as a last resort to relieve acute distress when other ideas and strategies which have been tried first have not worked. Please request a list of medications people in the home are on and have this reviewed by one of the nursing team members as some medications considered to be anti-psychotic may be a requirement from a medical perspective. PRN or as required medication for modification of behavior or 'behaviour management' is not utilized.				
TOTAL:					
Tick one box per element listed below		**YES**	**NO**	**PARTLY**	**EXPLANATORY NOTES**
Occupation					
46.	**Meaningful Moments:** Team members can create moments of meaningful interactions and connections which result in positive moments of social interaction.				
47.	**Domesticity:** People are encouraged and when they choose are seen regularly doing domestic activities and maintaining their own life skills during the day.				
48.	**Work Like Encouragement:** Some people living with a dementia, when it is helpful, are supported in their reality to 'do' a part of a work-like job they did in the past.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
49.	**Physical Activity:** There are regular opportunities for people to enjoy physical activity and independence ranging from pouring your own milk to going out for a walk.				
50.	**Matching Activities:** Knowledge exists of how to 'match' the right level of activity and occupation, appropriate to where an individual is, in relation to their point of experience of living with a dementia.				
51.	**Sensory Approaches:** Sensory calming periods alongside sensory stimulating items are alternated, when appropriate at different times of the day, for people living with a dementia who have repetitive expressions.				
52.	**Comfort Objects:** Comfort objects, i.e. dolls, prams, soft toys, sensory items and sensory fabrics e.g. velvet, weighted blankets, different textured throws and pillows are all available and visible within the home and used as appropriate for people living in the home.				
53.	**Attachment** The concept of attachment, approaches to supportive touch and the use of massage and other physical therapies are evidenced as central to the home's model of care.				
54.	**Touch** Appropriate interactions between people in the home include touch and feelings-based relationships which are reciprocated				
TOTAL:					

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
The Mealtime Experience					
55.	**Smell** Cooking smells or the smells of food, herbs etc. are evident to entice people to eat, stimulate appetite and create awareness of mealtimes?				
56.	**Touch** People are supported to be meaningfully engaged in preparation for the mealtime experience (setting tables etc.)				
57.	**Visual** Throughout the service there are visual cues of food and drinks available for people at any time and not purely scheduled times?				
58.	**Sound** There is discussion about meals and foods which are utilized as part of orientation to the mealtime experience?				
59.	**Taste** People are actively invited to share food and sample dishes to assist with choice and decision making?				
60.	**Sociability:** The mealtime experience is turned into a social occasion and not a task. Staff are clearly trained in how to keep mealtime conversations going to improve appetite using objects, items in their pockets etc.				
61.	**Food Availability 24/7:** In the lounge diner food availability is always visible over a 24-hour period, and whilst meeting Food Hygiene Regulations, this is with the key aim of encouraging people to eat when they feel like it.				
TOTAL:					

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
Person Centred Care Planning **During the scope of the audit a minimum of 10% of care plans should be reviewed in order to answer this section – please use additional pages in order to make explanatory notes.**					
62.	**Language** Controlling care and labelling language in care plans has been removed i.e. words such as: wanderer, challenging, aggressive - staff replace this negative language with words that first describe the person's feelings that are leading to the person's expressions.				
63.	**Care planning | Individualism** The care plan is personalized to the individual and is not a 'copy and paste of interventions which are commonly task based for all persons.				
64.	**Care Plans – Strength based vs Deficit based** Care plans whilst evidencing people's needs in terms of eligibility for support also do focus on people's strengths and are not purely focused on losses and dependency.				
65.	**Regulatory Compliance** Confirm the homes process to ensure that care plans not only have positive person centred language throughout but that the care plan documentation provides all information consistent with regulatory compliance requirements relevant to the Territory or Jurisdiction of the home/service				
66.	**Life Story:** There is the ongoing use of detailed life stories for people living in the home and this is represented in either the care plan or through memory boxes, photo albums etc or displayed outside of the persons room.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
67.	**Team Awareness** The team working in the home demonstrate an awareness and can articulate how this is used in promoting well-being, occupation and engagement daily.				
68.	**Quality Personal Care:** Each person is involved in, assessed and receives a personal care plan that supports their holistic personal care.				
69.	**Wellbeing:** Individual assessments of people's well-being and ill-being are regularly completed and acted upon - with the aim of increasing an individual's well-being.				
70.	**Clinical Assessments** A variety of validated assessment tools are used to gather data in order to inform the care plan and upon collection of information this is translated into a plan of care which is individualized. The assessments should include but are not limited to: Pain, Mobility, Activities of Daily Living, Appropriate Referral to health and social care professionals as relevant, Mental capacity assessments, management of safeguarding or mandatory reporting requirements of the specific Jurisdiction				
71.	**Closeness & Intimacy:** Each person in terms of their rights, well-being, capacity and consent is assessed and appropriately supported to experience the individual closeness they need to still feel in life, which may include expression of intimacy needs.				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
72.	**Expressions of Ill-Being:** Staff see all 'behaviours' as an expression first of feelings and through training understand when needed how to support and rescue people experiencing 'stuck' feelings.				
73.	**Quantitative Measures:** The home collates, through individual care planning, group statistics and evidence of culture change measures i.e. reduction in falls, decrease in safeguarding concerns, decrease in hospital admissions etc.				
TOTAL:					
Adapting Dementia Specific Environments					
74.	**Orientation:** Orientation aids i.e. colour, objects and appropriate domestic like signage throughout the household exists to enable people to find their way through a range of cues, including pictorial signage where appropriate on bathrooms and toilets.				
75.	**Engaging Hallways:** Hallways exist which are divided into coloured sections, with objects and / or seating to prevent a sense of sterile, clinical areas. Activity and sensory items are on the walls to occupy people consistent with fire regulations and infection control procedures.				
76.	**Stuff of life:** Untidiness exists with clutter and rummage items all being out in lounges, offering opportunity for people to be busy on an individual or small group basis and where staff encourage spontaneity by involving people in the house with all the "stuff".				

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Tick one box per element listed below		YES	NO	PARTLY	EXPLANATORY NOTES
77.	**Meaning** The 'stuff' has specific meaning and links to the story of the people living in the home and what brings meaning to them.				
78.	**Shared Seating:** Lounges have sofas to encourage people living there, working there, or visiting and supporting people to sit and share time together.				
79.	**Cues in Artwork:** Lounges have artwork and pictures that denote the function of the room as a cue i.e. not placing confusing pictures up on the walls unrelated to the room's function.				
80.	**Inviting Bathrooms:** Bathrooms are not clinical but warm, inviting places to want to relax in and give a sense of well-being, therefore reduction of reflective tiling, and glare has been actioned.				
TOTAL:					

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

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