Best practice in dementia care: A learning programme for care home staff

Introduction to the course for participants
Self-study checklist

Here is a list of the self-study tasks you need to complete following your first group meeting. Tick each item as you complete it. Your facilitator will ask to see your workbooks and will check that you have completed your self-study work.

After meeting 1 and before meeting 2

☐ read this booklet carefully from start to finish
☐ read Part 1 carefully from start to finish

I have completed the above tasks:

Name:  
Signature:  Date:  

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Research and knowledge in the field of dementia care is constantly changing. As new information emerges, changes in how we support people with dementia become necessary. The authors and publishers have, as far as possible, taken care to ensure that the information given in this text is accurate and up to date at the time of publication. However, readers should ensure that they are working within the scope of their employers’ policies,
and that they follow best practice as defined by research and government legislation.
Best practice in dementia care: A learning programme for care home staff

About the study course

Each booklet in this study course is designed to help you think about how you respond to the person with dementia. Underpinning each one is a person-centred approach to care, which focuses on the needs of the individual. During the course you will receive the support of a group facilitator who will arrange regular group meetings to discuss the topics covered in the booklets. Between the meetings you will be asked to think about the answers to exercises that relate to your practice and what you have learned.

The parts of this course are:

Part 1. The person and dementia
Part 2. Person-centred care and building meaningful relationships
Part 3. Communication and behaviour
Part 4. Support for the person with dementia, family and carers
Part 5. Health and wellbeing
Part 6. Legal aspects and issues in relation to dementia

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The Dementia Services Development Centre (DSDC) is based at the University of Stirling and was founded in 1989 to extend and improve services for people with dementia. It provides training and consultancy services, as well as carrying out research and producing publications.
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Section A: Information for participants

1. Welcome to the course

As care home staff you will be aware that residents’ needs are changing, and that you will increasingly be caring for people with dementia. This course has been designed to provide an opportunity to learn about dementia. It was developed with a small group of care home staff who acted as ‘testers’ of the ideas. Their comments and experiences influenced the course content, so we are confident that the topics discussed are of key relevance to you in your role.

We hope you feel motivated, enthusiastic and are prepared to commit time to learn. The fact that you have decided to improve your skills and knowledge through self-study means that you will be responsible for your own learning. This booklet explains what this six month course involves. Do take time to read through the various sections. Expect to be challenged but also inspired!

2. The purpose of the course and the learning objectives

This course will help you think about how to provide the best care for residents with dementia in a care home environment. You may already feel you are doing a good job, but do you use a person-centred approach?

On completion of this course you should be able to:

- exhibit a greater understanding of dementia and its impact on the individual
- engage in a reflective evaluation of caring interventions and change your practice accordingly
- implement a person-centred approach to care
- demonstrate evidence-based caring interventions
- demonstrate a more expansive use of communication skills when interacting with and understanding the needs of people with dementia
- recognise the role of the carer/ family, their needs and possible support networks

We know from the groups of staff who tested the course that their new knowledge helped make them more confident and feel more valued as members of the care team.

3. How the course is organised

How will I find 60 hours of time?

Don’t panic! To help you in your study there will be discussion sessions and you will be given six self-study booklets. This is a six month course, and it will involve a commitment of between two and three hours each week. Every two weeks, you will attend a two hour group meeting with colleagues and your facilitator. On the alternate weeks, you will be expected to spend two to three hours studying the workbooks and reflecting on your practice. However, every aspect of the course is grounded in what you do every day. We aim to
get you thinking about what you do and your particular ways of working with people with dementia.

**Breakdown of participant study hours to complete the course (total: 60 hours)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours per month</th>
<th>Total hours over six months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance at group meetings</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>Protected study time and reflective practice</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

**4. The six booklets**

Part of the course involves reading and completing a set of six self-study booklets. Each booklet contains questions, with space for you to write down your responses. The questions link to different aspects of your work. You will only be given one booklet each month, and this will form the basis of your group discussions with the facilitator. At the end of each booklet there is a reflective exercise which is designed to help you think about what you have learned and what this might mean for how you respond to the individual resident. On the weeks between your group meetings, you should also have protected study time of two to three hours each week to allow you to study each booklet.

**Part 1 – The person and dementia.** This looks at the different types of cognitive impairments that are covered by the term dementia. It also explains how the impact of dementia on individuals can vary.

**Part 2 – Person-centred care and building meaningful relationships.** This focuses on ways of helping the person to keep control over as many parts of their life as possible. This involves encouraging them to make maximum use of their remaining abilities.

**Part 3 – Communication and behaviour.** This illustrates how a person with dementia can be very aware of our responses, and looks at how we can understand communication and behaviour better.

**Part 4 – Support for the person with dementia, family and carers.** This looks at the support a family member or carer may need to help them carry on caring for their relative with dementia for as long as they feel able (providing this is in the best interests of the person).

**Part 5 – Health and wellbeing.** This explains that providing quality care for a person with dementia involves promoting their health and wellbeing using a person-centred approach to enhance their quality of life.

**Part 6 – Legal aspects and issues in relation to dementia.** This looks at the implications various legal powers have on the person. Knowing what these mean can help you understand how to respond to the person in different situations.
5. Reflective practice

The course is based on reflecting on the way you currently work. Reflection is an essential technique for improving our practice. Challenging our own practice might not be easy, but in order to develop and improve, we cannot neglect it.

Here is an example of reflective practice. When one of your residents starts talking about their grandfather, you may ‘challenge their reality’ by telling them that he died many years ago. This could cause the person to become distressed. Reflecting on this experience (in conjunction with the knowledge you will gain during the course), should help you appreciate that a person with dementia may not be able to see your view of the world, and instead you will need to enter their reality. The person’s own reality may be that they are living with their grandfather now. If so, challenging this view is likely to be distressing for them.

One writer has described reflection as ‘the path toward realising desirable … practice in meaningful and practical ways. It is a process of self-development, of becoming the sort of practitioner you want to be.’

In order to get the very best from this course, it is important to learn how to reflect. We use reflection in our everyday lives without really realising, for instance when we say ‘I wish I hadn’t said that to mum! I’ll apologise and do it differently next time.’ Reflection is enjoyable and rewarding because it helps you develop as a person.

Reflective practice means taking time to ask questions like ‘Why?’, ‘How?’, ‘What?’ and ‘Could I have done things differently?’. It involves looking at things from a different angle and then seeing if this might change the way you care for people. The aim is to help you think about different aspects of care and how you can develop a more person-centred approach to your work. As you read through the booklets you should reflect on how the scenarios in the exercises relate to your own experiences as a care worker.

As you start questioning the way you practice, you will begin to change the way you interact with people with dementia. Trying out new approaches will enable you to see if they are effective. Each time you are successful – or unsuccessful – you will complete the learning cycle and can begin to refine your actions again. This is an ongoing process, and no one ever achieves...
perfection. However, there are always new and more effective ways of doing things that we can learn from our previous experiences and from each other.

You may find it helpful to take notes during the group sessions to remind yourself about topics to reflect on afterwards. However, it is important that your reflective practice is based on your experiences in the workplace.

Use the following questions to help think about your practice. You may find these useful when you are completing the exercises in your workbooks, or when you are discussing experiences with your colleagues or your facilitator.

- what was I aiming for when I did that?
- what exactly did I do? How would I describe it precisely?
- why did I choose that particular action?
- what did I do next?
- what were the reasons for doing that?
- how successful was it?
- what alternatives were there?
- could I have dealt with the situation any better?

- how would I do it differently next time?
- what do I feel about the experience?
- what knowledge/values/skills did I demonstrate?
- how did the person with dementia feel about it?
- what sense can I make of this in the light of my past experience?
- has this changed the way in which I will do things in the future?

Thinking about these questions will also help you complete your final reflective exercise at the end of Part 6.

6. The twelve group discussions

Every two weeks, you will come to a group discussion organised by your group facilitator. These discussions will normally last for two to three hours and you should be given time off from your daily routine to attend. The discussions are an opportunity to share your thoughts, ideas and questions with colleagues. There should never be more than eight to ten people in the group.

7. The group facilitator

You can discuss any difficulties or concerns that you have about the course – however small – with your facilitator. Before leading the course, they will have been on a training course at the Dementia Services Development Centre (DSDC). They are expected to follow a set of six steps in leading the discussions:

1. Organise a suitable time and place for a meeting and inform your manager
2. Encourage discussion about best standards of care and not judge contributions from you or other group-members
3. Make constructive comments to ensure best standards of care
4. Maintain confidentiality
5. Help you set aside protected study time by arranging this with your manager
6. Provide the DSDC with feedback about the course, including who attended and whether any changes need to be made to the study materials for future courses
8. A note about terminology

The terminology used in supporting people with dementia continues to change. These course materials refer to ‘distressing behaviour’, rather than ‘challenging behaviour’, ‘behaviour that challenges’ or ‘behavioural and psychological symptoms of dementia’. This reflects the current terminology that is currently considered to be the most appropriate.

These materials do not talk about ways of ‘managing behaviour’. This is because an approach that is based on managing behaviour suggests it is sufficient to try and minimise distress after it occurs, without seeking to understand the cause.

The DSDC believes that using the right terminology sends a clear message that behaviour which is distressing requires knowledgeable staff who understand – rather than manage or treat – behaviour. Instead of focusing on ‘managing behaviour’, the aim of this course is to help care home staff gain a greater understanding of the communication and behaviour that can be expressed by people with dementia. It places a responsibility on staff to search for the underlying meaning, emotions and beliefs which result in distressing behaviour and appropriately adjust their approach and intervention. The following terms are considered to be inappropriate when discussing people who are cognitively impaired:

- demented
- agitated
- aggressive
- challenging
- dementia sufferer

9. What is person-centred care?

You will find the term ‘person-centred care’ mentioned frequently in the booklets and during the course. Person-centred care means:

- respecting and valuing uniqueness and diversity
- promoting the individual’s right to choice, privacy and confidentiality
- challenging discrimination, racism, disadvantage, inequality and injustice
- responding in non-stigmatising ways

The values that underpin person-centred care are:

- understanding that each person is a unique individual who deserves to be treated with dignity and respect
- being tolerant and patient of each individual’s way of being
- being willing to enhance communication and understanding
- working to maximise each individual’s skills and abilities

A person-centred approach means focusing on what people can do as individuals, rather than what they can’t do. It is based on what makes each individual unique and starts from ‘where the person is at’.
Palliative care
The aim of palliative care is to promote the best quality of life for anyone with a life-limiting illness. It begins with the person’s diagnosis (in this case with dementia) and continues until the end of their life. You will learn more about taking a palliative care approach in part 5. This focuses on using person-centred care to promote the person’s health and wellbeing.

Equality and diversity
Promoting equality of opportunity and valuing diversity means understanding that people with dementia have the same rights as other citizens. They should not be marginalised because of age, gender, class, ethnic group, physical or intellectual ability, religion or sexual orientation.

Our ideas and beliefs are often expressed by the language we use, including our humour. It is important to:

- avoid using words that are demeaning or depersonalising, such as referring to individuals as ‘old dears’, ‘the demented’ or ‘dementia sufferers’
- be aware that humour can be based on discrimination. This is because the ‘joke’ often involves portraying people of a particular culture or group in a negative way, which reinforces discrimination
- avoid making generalisations or stereotyping people. For instance, saying that ‘people with dementia have no insight’ lumps all individuals together. People from different ethnic groups are often at particular risk of being stereotyped or discriminated against because of cultural difference

We should recognise that we live in a diverse society and that there is a need to respond to cultural differences and affirm these.

10. Providing appropriate standards of care

Across the UK, a range of standards documents have been produced to ensure that people with dementia receive care that is appropriate to them.

Common core principles for supporting people with dementia
This guidance document was produced by the Department of Health in 2011 as part of the implementation of the National Dementia Strategy, Living well with dementia. It embodies the principle that everyone with dementia should have the support of people who are able to respond to them appropriately, reducing the stress and anxiety that dementia can bring. The principles stress the importance of tailoring support to the person and their specific interests and needs. The aim is to encourage independence and choice in the decisions they make.
The eight principles are:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle 1</td>
<td>Know the early signs of dementia</td>
</tr>
<tr>
<td>Principle 2</td>
<td>Early diagnosis of dementia helps people receive information, support and treatment at the earliest possible stage</td>
</tr>
<tr>
<td>Principle 3</td>
<td>Communicate sensitively to support meaningful interaction</td>
</tr>
<tr>
<td>Principle 4</td>
<td>Promote independence and encourage activity</td>
</tr>
<tr>
<td>Principle 5</td>
<td>Recognise the signs of distress resulting from confusion and respond by diffusing a person’s anxiety and supporting their understanding of the events they experience</td>
</tr>
<tr>
<td>Principle 6</td>
<td>Family members and other carers are valued, respected and supported just like those they care for and are helped to gain access to dementia care advice</td>
</tr>
<tr>
<td>Principle 7</td>
<td>Managers need to take responsibility to ensure members of their team are trained and well supported to meet the needs of people with dementia</td>
</tr>
<tr>
<td>Principle 8</td>
<td>Work as part of a multi-agency team to support the person with dementia</td>
</tr>
</tbody>
</table>

Essential standards of quality and safety
The Care Quality Commission has developed a document called *Essential standards of quality and safety* which details 28 outcomes that health and social care providers are measured against. For further information on the essential standards see Appendix 4.

Standards of care for dementia in Scotland
These standards were published by the Scottish Government in 2011. They are designed to help people with dementia and their informal carers understand their rights and make sure that they receive the support they need. The six standards are:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have the right to a diagnosis.</td>
<td></td>
</tr>
<tr>
<td>I have the right to be regarded as a unique individual and to be treated with dignity and respect.</td>
<td></td>
</tr>
<tr>
<td>I have the right to access a range of treatment, care and supports.</td>
<td></td>
</tr>
<tr>
<td>I have the right to be as independent as possible and be included in my community.</td>
<td></td>
</tr>
<tr>
<td>I have the right to have carers who are well supported and educated about dementia.</td>
<td></td>
</tr>
<tr>
<td>I have the right to end of life care that respects my wishes.</td>
<td></td>
</tr>
</tbody>
</table>
11. Developing your skills and working towards qualifications

Training in caring for people with dementia is developing rapidly throughout the UK. This is because of the heightened profile and importance of dementia that the various national dementia strategies have emphasised. As a result, a range of qualifications and frameworks have come into operation across the UK.

The Scottish Government’s document, Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers, is particularly relevant to staff working in Scotland. It details the knowledge and skills all health and social care staff should aspire to in order to provide the best care for people with dementia. It defines four levels of knowledge and skills, and staff should aspire to move through these levels as their career progresses:

- informed practice: the baseline knowledge and skills required by all staff working in health and social care settings
- skilled practice: the knowledge and skills required by all staff that have direct and/or substantial contact with people with dementia and their families and carers
- enhanced practice: the knowledge and skills required by staff that have more regular and intense contact with people with dementia
- expert practice: the knowledge and skills required for health and social care staff who by virtue of their role and practice setting play an expert specialist role in the care, treatment and support of people with dementia

The content of this course relates to levels 1 and 2 (informed practice and skilled practice). Some parts are also relevant to level 3 (enhanced practice).

Accreditation from the Royal College of Nursing and City & Guilds

This course has been accredited by the Royal College of Nursing and City & Guilds. City & Guilds have also accredited the programme with 6 Scottish Credit and Qualifications Framework (SCQF) credits at level 6. This references the Qualifications and Credit Framework in England at level 3.

The Qualifications and Credit Framework

In January 2011 the Qualifications and Credit Framework (QCF) was launched in England. This includes both a Certificate and Diploma in Health and Social Care. Both feature dementia-specific units. The booklets that make up this course provide a knowledge base for the 16 specialist dementia units in the QCF at levels 2 and 3. Person-centred values, approaches and practices are firmly embedded into all the booklets, as well as the reflective exercises and facilitated group discussions.

The Scottish Credit and Qualifications Framework

Best practice in dementia care has been accredited with 6 SCQF credits at level 6. If you successfully complete the course you will be able to use the six credits towards further qualifications.

Republic of Ireland and Europe

In the Republic of Ireland and Europe, SCQF Level 6 can be referenced to EVQ level 4.
Meeting the knowledge requirements for S/NVQ health and social care units

If you are undertaking your S/NVQ qualification or are engaged in continuing professional development, these booklets will provide a knowledge base for the S/NVQ Level 3 qualification for staff working with people with dementia.

To have your work assessed for this qualification you need to be registered with an S/NVQ assessment centre which will assign you an assessor. Completion of this programme should contribute towards the evidence you require for the Level 3 qualification. However, your assessor will also need to directly observe your practice (or arrange for another competent person to do this). He or she will probably ask you additional questions to satisfy themselves that you do indeed meet the knowledge and skill requirements for this S/NVQ.

To complete the S/NVQ Level 3 for staff working in health and social care, candidates must complete eight units in total. Four of these must be core units, with another four units taken from the optional list. The units taken must be appropriate to the candidate’s work role and setting.

The four core units:
HSC 31 Promote effective communication for and about individuals
HSC 32 Promote, monitor and maintain health and security in the working environment
HSC 33 Reflect on and develop your practice
HSC 35 Promote choice, wellbeing, and the protection of all individuals

12. Is there an assessment?

There is no exam at the end of the course. However, we are eager for you to show how your practice has changed and so we have set two questions at the end of Part 6 that require 300 word answers. You will need to write 600 words in total – 300 for each question.

At the end of the course, a certificate will be awarded to participants who:

- have attended all of the group discussions and completed all of the self-study booklets
- have met the learning objectives detailed on page 3
- show an understanding of best practice
- demonstrate greater awareness and understanding
- identify further learning needs

13. Plagiarism: what it is and the DSDC’s policy on it

Plagiarism means pretending that someone else’s work is your own. It includes copying someone else’s words or ideas without making it clear that the information has come from them. Copying information from the internet, even when the original source isn’t clear, is also plagiarism. When you work through the self-study exercises in this course you must write down answers that you have thought of yourself. Sometimes you may need to quote information from another person or a text book. Providing you use quotation marks and make it clear what the source of the information is, you will not be plagiarising. If either your facilitator or the DSDC thinks that you have plagiarised any of your answers, you may not be awarded your certificate of completion.
14. Helpful hints

- plan your study time in advance
- use resources that are available at your work, e.g. computers or library services
- use the DSDC’s library service
- share your experiences and knowledge with your colleagues
- support each other
- reflect on your own caring practice and the routines of the care home where you work
- recognise that each individual has their own learning style
- pay attention to key points throughout
- use the self-study checklists
- enjoy the study course
- remember, the booklets are your property

15. Feedback form

If you would like to provide us with feedback on this course, you can photocopy the form opposite, fill it in and post it to us, or email your comments to dementia@stir.ac.uk.

We rely on feedback from participants to help us improve the courses we provide, and your comments will be used to ensure future versions continue to be as relevant as possible. If you would like us to respond to your feedback, please include your name and contact details. If you prefer, you can provide feedback anonymously.

Appeals. If you wish to appeal about any aspect of this course, please contact us by post or email us at the address above.
Feedback form (please photocopy)
Best practice in dementia care:
A learning programme for care home staff

Name: 

Email address: 

Place of work: 

Your comments

General feedback

How could we improve the course?

What were the best aspects of the course?

Were there any areas we didn’t cover that would be relevant to you?

Please send your completed form to the Dementia Services Development Centre,
Iris Murdoch Building, University of Stirling, Stirling, FK9 4LA
16. Further reading and references

Useful websites

Alzheimer Scotland http://www.alzscot.org/
Alzheimer’s Society http://www.alzheimers.org.uk/
British Dietetic Association http://www.bda.uk.com/
Care Inspectorate http://www.careinspectorate.com/
Care Quality Commission http://www.cqc.org.uk/
Dementia Services Development Centre http://www.dementia.stir.ac.uk/
Northern Ireland, Department of Health, Social Services and Public Safety http://www.dhsspsni.gov.uk/
Businessballs.com http://www.businessballs.com/
Healthcare Improvement Scotland http://www.healthcareimprovementscotland.org/
NHS Education for Scotland http://www.nes.scot.nhs.uk/
National Institute for Health and Clinical Excellence (NICE) http://www.nice.org.uk/
Office of Public Sector Information http://www.legislation.gov.uk/
Royal College of Nursing, http://www.rcn.org.uk/
Royal College of Speech & Language Therapists http://www.rcslt.org/
Scottish Intercollegiate Guidelines Network (SIGN) http://www.sign.ac.uk/
Unionlearn with the TUC http://www.unionlearn.org.uk/

Books and articles


Section B: Information for the facilitator

This part of the introductory booklet contains information that relates to the group facilitator. We have included it here so that you can gain a better understanding of what their role is.

17. Important practicalities

Preparation prior to leading the group discussions

- make sure you know in advance the care staff who will be attending and ensure that they have been informed of the meeting time
- if possible, avoid early morning meetings or Friday afternoons
- the venue should not be within areas used by the residents
- ensure a suitable meeting room is booked in advance for all twelve sessions
- ensure you have organised a flip chart (and DVD player where required)
- make sure you have read and understood the content of the booklets in advance (including the facilitator’s guide)
- be prepared to answer questions

18. Facilitating a discussion

The facilitator’s handbook provides a suggested timetable for each group meeting. The timings can vary to some degree, and common sense should prevail! However, if no questions are forthcoming then do not assume that everyone has fully understood everything.

Reflect, summarise, and provide examples. Link knowledge to practice and encourage participants to share experiences.

Make sure all breaks take place, even when learners want to miss out on a break and ‘finish early’.

The average person’s attention span is about 20 minutes, so try and limit the sections to bite-sized chunks, as outlined in the guidance notes.

Remember that different participants will have different styles of learning. However, learning is unlikely to be effective if participants simply read booklets or have sections read to them.

Use the flip chart to write down answers to any questions that are included in the session. It can be useful to write the question clearly on the flipchart beforehand. Writing down answers can help visual memory.

Make it a safe and comfortable environment, where learners are not afraid to ask questions or discuss their thoughts, worries or concerns.
19. The final reflective exercise

- the final reflective exercise is completed at the end of Part 6
- before a certificate is awarded, the completed exercise must be sent to the project leader at the DSDC, along with a completed copy of the checklist on page 18
- a comments form will be returned to the facilitator for sharing with each participant
- once the exercise has been completed successfully it may be shared with the participant’s line manager

20. Quality assurance

Facilitators are expected to meet the following criteria. Your manager will have signed an agreement saying that they are aware of the implications and demands of the course. To be registered as a facilitator you must:

- attend the two-day training course and study the six booklets and facilitator’s guide
- be in a supervisory role and have a minimum of two years experience of working with people with dementia
- understand the challenges that dementia creates for the person with dementia, their families, and the staff who care for them
- have a positive attitude towards caring for people with dementia
- be committed to ensuring best practice at all times
- accept supervision and support from the DSDC’s staff
- maintain and update personal knowledge and skills through further reading and study

Personal qualities that you will need as a facilitator include:

- self-motivation
- the ability to motivate others
- good communication skills
- a flexible approach
- problem-solving skills
- trustworthiness
- self-confidence
21. Quality assurance checklist

A key part of your role as course facilitator involves assessing the learning that your participants have undertaken. At each meeting, you should ask to see their workbooks to ensure that they have completed all the self-study exercises relevant for each stage. You must also stress the importance of attending all the group meetings. When the course is finished, please photocopy this checklist (duplicated in Appendix 1 of the Facilitator’s guide), complete it and return it to the DSDC. Certificates of completion cannot be issued until the DSDC has received both a completed checklist for your group and a final reflective exercise of a suitable standard from each participant.

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Attended all meetings*</td>
<td>☐ Completed all self-study exercises, plus final reflective exercise</td>
</tr>
<tr>
<td>Name (please print):</td>
<td></td>
</tr>
<tr>
<td>☐ Attended all meetings*</td>
<td>☐ Completed all self-study exercises, plus final reflective exercise</td>
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</tr>
</tbody>
</table>

I confirm that the information supplied here is correct.

Name of facilitator (please print): ____________________________

Signature: ____________________________ Date: ____________________________

* If a participant misses any group meetings because of illness, holidays or other commitments, you may still tick this box, as long as you are satisfied that they have completed the learning they have missed, including providing written answers to the group exercises for these meetings. If participants miss more than one group meeting please inform the DSDC as soon as possible.

Send your completed form to The Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling, FK9 4LA
Appendix 1: Format of facilitator’s training course

The following timetable is for guidance only, and the content of the training course may be changed to reflect current best practice.

Aims of training course:

- to become familiar with the format of the course
- to be aware of the demands of the role of facilitator
- to maintain DSDC standards for the course

Day 1

9:30 Coffee/tea and registration

9:45 Welcome and introductions

- about the Centre’s work
- the DSDC philosophy

10:00 An overview of the course

- what’s expected of care staff on the course

11.15 Coffee/tea break

11.30 The study course (group exercise)

- reviewing the course booklets
- facilitation skills

1.00 Lunch

1.45 The study course (group exercise continued)

3.00 Coffee

3.20 Feedback from exercise

- question time

4.1 Close of Day 1

- the changing policy scene
- the changing role of care staff
- the role of the facilitator
- understanding reflective practice

- becoming familiar with the format of the course

- preparation for Day 2 (identifying learning needs as a facilitator)
Day 2

9:30 Welcome back
• recap of issues from Day 1
• helping adults learn
• recognising barriers
• what facilitating means in practice

11.15 Coffee/teabreak

11.30 The experience of being a facilitator (invited facilitators share experiences)

12.45 Lunch

1.30 Setting a quality standard
• support from the DSDC
• registration with the DSDC
• promoting change
• accessing additional resources
• maintaining personal learning

3.00 Coffee

3.15 Question time
• summarising issues from Day 1 and Day 2
• maintaining contact
• questions

4.00 Close of training session
Appendix 2: Facilitator assessment checklist

Best practice in dementia care: facilitator assessment checklist

I, ____________________________, Dementia Services Development Centre, University of Stirling, verify that ____________________________ has met the following criteria to become a registered facilitator for the above named programme.

Date of facilitator training: ____________________________

<table>
<thead>
<tr>
<th>Possesses organisational skills</th>
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</thead>
<tbody>
<tr>
<td>Communicates effectively with staff, people with dementia and family/informal carers</td>
</tr>
<tr>
<td>Understands the challenges for staff, people with dementia and family/informal carers</td>
</tr>
<tr>
<td>Understands the course format</td>
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<tr>
<td>Demonstrates good facilitation skills</td>
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<tr>
<td>• understands group dynamics</td>
</tr>
<tr>
<td>• includes and engages all group members</td>
</tr>
<tr>
<td>• allows free speech and is non-judgemental</td>
</tr>
<tr>
<td>Understands the concepts regarding adult learning and reflective practice</td>
</tr>
<tr>
<td>Has read/understood and signed the facilitator profile</td>
</tr>
<tr>
<td>Has attended and participated in the two-day facilitator training</td>
</tr>
<tr>
<td>Has attended and participated in the course activities over the two days</td>
</tr>
</tbody>
</table>

Assessors comments:

Date: ___________ | Signature: ___________
Appendix 3: Examples of reflective exercises

These examples have been reproduced with the permission of the care worker concerned, with minor amendments. They provide examples of the type of response expected. Participants are expected to write 600 words in total – 300 for each exercise.

Booklet 6: Reflective exercise - question 1

Mrs B is a very pleasant lady who was previously very independent. As her dementia progressed her language skills diminished, causing her to chatter incoherently to anyone in the vicinity. She would constantly wander from one room to another. This behaviour caused annoyance to the other residents.

One night Mrs B was talking incoherently and swearing. I found it difficult to understand what she was trying to say and felt that it was nothing of importance. Over the next few nights she appeared to become anxious and upset and to be trying to seek out a member of staff. She was still swearing throughout her conversations and frequently saying ‘I shouldn’t be here. I want to go home’. I sat with her, offered reassurance and veered the conversation on to something else. This would help to calm her down.

One night my fellow work colleague informed me that she had overheard another resident shout at Mrs B, verbally insulting her and telling her to go away as she was disrupting her TV viewing.

Mrs B again came to seek someone out, showing the same symptoms already described. It was then that I realised that the verbal abuse directed towards her from the other resident was probably the cause of her anxiety and frustration. I spoke to Mrs B about the incident but she was unable to comment or respond in a positive way. I therefore approached the resident involved and told her what my work colleague had overheard. I explained to her that this was inappropriate behaviour and was causing great distress to Mrs B. The lady apologised.

Having completed my dementia training, I am now more understanding of the illness and its presenting conditions. If I had observed the emotions shown by Mrs B in the first instance and listened to what she was actually trying to say, the situation could have been dealt with sooner, causing less distress to Mrs B. I now incorporate the knowledge and skills learned into my everyday practice.
Booklet 6: Reflective exercise - question 2

Completing the course on dementia has given me a better insight into the illness which affects many. I now know what is involved in the referral, assessment and legal processes prior to a person with the illness being admitted into the home.

I also know that creating a caring environment, respecting, understanding and getting to know the person and the difficulties they may be experiencing, especially on coming into the care home for the first time, are all important factors in supporting them to retain their identity, skills, sense of worth and feelings of wellbeing.

As there are different sorts of dementia, it is important to assess what kind each person has as the impact of the illness and the symptoms shown can vary. If the type of dementia is known it is easier to understand and predict the behaviour and the problems of the person affected and how best to cope with it.

Receiving the correct medication can help to improve and enhance the persons’ quality of life but I am also aware of the potential side effects the drugs can cause and how to recognise these. Communicating appropriately with the person, be it verbal or non-verbal, offering them encouragement to express their feelings and concerns, discussing personal experiences and life history all help to get a better picture of the kind of life the person led before the onset of the illness.

Maintaining the relationships of family and friends are important to the person as this can lessen the feelings of insecurity and isolation they may be experiencing in coming into a strange environment. Knowing they have the support of their friends and family can help to allay their fears. Supporting family, friends and carers through the initial process can be vital as they may also be experiencing different types of emotions.

Discussing each topic in the workbooks with my facilitator and fellow colleagues has given me more confidence in my abilities and how to safely put them into practice.

I enjoyed the course, found it very beneficial and interesting as it has enhanced my knowledge and skills in this area of my work. All working together as a team with the same aims go towards providing a safer and happier environment and more contented residents.
Appendix 4: Essential standards of quality and safety

Involvement and information
Outcome 1: Respecting and involving people who use services
Outcome 2: Consent to care and treatment
Outcome 3: Fees

Personalised care, treatment and support
Outcome 4: Care and welfare of people who use services
Outcome 5: Meeting nutritional needs
Outcome 6: Cooperating with other providers

Safeguarding and safety
Outcome 7: Safeguarding people who use services from abuse
Outcome 8: Cleanliness and infection control
Outcome 9: Management of medicines
Outcome 10: Safety and suitability of premises
Outcome 11: Safety, availability and suitability of equipment

Suitability of staffing
Outcome 12: Requirements relating to workers
Outcome 13: Staffing
Outcome 14: Supporting workers

Quality and management
Outcome 15: Statement of purpose
Outcome 16: Assessing and monitoring the quality of service provision
Outcome 17: Complaints
Outcome 18: Notification of death of a person who uses services
Outcome 19: Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
Outcome 20: Notification of other incidents
Outcome 21: Records

Suitability of management
Outcome 22: Requirements where the service provider is an individual or partnership
Outcome 23: Requirement where the service provider is a body other than a partnership
Outcome 24: Requirements relating to registered managers
Outcome 25: Registered person: training
Outcome 26: Financial position
Outcome 27: Notifications – notice of absence
Outcome 28: Notifications – notice of change
The Dementia Services Development Trust exists to extend and improve services for people with dementia and their carers. It funds projects undertaken by the Dementia Services Development Centre. For further information visit: www.justgiving.com/dementiaservices

The University of Stirling is a charity registered in Scotland, number SC011159