10-60-6
The Way Forward in Dementia Care

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Barchester Healthcare
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10-60-6 Pilot

• A programme of training, specialist assessment and criteria based on evidence and research based practice
• Underpinned by Powers Seven Domains of Well-being
• September 2015-June 2016
New Memory Lane Concept

With support from Divisional Dementia Care Specialist

All Home

10

Build Foundation

GM + RoD

Begin to Specialise

Staff Led

60

MLC

GM + RoD

6

Outcomes
The 10 Main Areas are

- Staff Training
- Meaningful Activities
- Involving the Resident and their Family
- An Orientating (and interesting) environment
- Reducing Distress
- Improving Well-being (and preventing admission to hospital)
- Providing help after diagnosis
- Medication (review)
- End of Life
- Legislation
Every criteria will have an explanation as to what we expect

Barchester Healthcare 10-60-6 Standards

<table>
<thead>
<tr>
<th>The ‘10’ Key Interventions/Practices that must be adopted and achieved at ‘Outstanding’ Level across the entire home</th>
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<tbody>
<tr>
<td><strong>Standard</strong></td>
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<tr>
<td>The General Manager of the Care Home ensures that the 10 Key Interventions/Practices are understood and implemented by all staff to ensure consistency of good practice in both the Memory Lane Community and any other unit within the home.</td>
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<tr>
<td><strong>Rationale</strong></td>
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<td>The underpinning criteria apply to all residents regardless of diagnosis but the ‘essentials’ of care need to be in place before any specialism can ensue</td>
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<tr>
<td><strong>Evidence Base/Legal/Regulatory Ref</strong></td>
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<tr>
<td>Care Act 2014, CQC 2014, NICE Guidelines, DOH</td>
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<tr>
<th>Criteria</th>
<th>Outstanding (what do we see?)</th>
<th>Evidence Base/Legal/Regulatory Ref</th>
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<tr>
<td><strong>90% of ALL staff across the home have received person centred care training (including GM)</strong></td>
<td>90% of all staff with the whole home have completed Level 1 Introduction to Dementia. (Person Centred Care, Memory Lane Ethos) Training Matrix Staff have an understanding what PCC means and can provide examples of how they provide this.</td>
<td>Effective &amp; Responsive NDS – Objectives 11 &amp; 13 Effective Effective, Caring &amp; Responsive</td>
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<td><strong>All staff within the home have a thorough understanding of things that may constitute abuse and know how to follow Safeguarding procedures</strong></td>
<td>Training Matrix (minimum 85%) updated regularly Safeguarding raised and information cascaded to relevant staff. Medication Reviews Speaking to staff about process of how to raise concerns (Company and local procedures)</td>
<td>Effective NDS – Objective 13 Effective Safe NG 1.1.6 Risk of abuse and neglect - Safe</td>
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Each Home on the Pilot

- Dedicated Dementia Specialist support every 4-6 weeks
- 4 Levels of Training
- 76 criteria (joint assessment)
- Specific interventions unique to 2-3 homes
- Standard Operating Procedure for each criteria
- Leads for the 10 Key Themes
Specialists introducing Special Activity

- Daily Sparkle
- Jiminy Wicket
- Oomph
- REmindMe
- Individual Playlists
- Namaste
- Digital Plasma Themed shows
- Memory Café
- Care Experience Training
- CAREFUL Observational Tool
Specialist Assessment Tools

- PAINAD (New to Company)
- DECIDE (Developed by Team)
- Cornell (New in some Units)
- Activity Assessment (Developed by Team)
- Functional Behaviour Profile
Some of the things we will use to measure the pilot

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<tr>
<th>Clinical Tools</th>
<th>Non Clinical Tools</th>
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<tr>
<td>• Pain Ad</td>
<td>• Questionnaires for staff, residents, families &amp; support Teams</td>
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<tr>
<td>• CAREFUL Observational Tool</td>
<td>• Care Surveys</td>
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<tr>
<td>• DECIDE</td>
<td>• Enquiries</td>
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<tr>
<td>• Bradford Wellbeing Tool</td>
<td>• Internal/External Inspection Reports</td>
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<tr>
<td>• Cornell Depression Scale</td>
<td>• Complaints</td>
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<td>• Medication Use</td>
<td></td>
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<tr>
<td>• Clinical Governance (Falls, Staff Assaults etc)</td>
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</table>
“The training has been very beneficial – there is a change in mind set away from task orientation to looking for the needs, wants and desires of our residents”

“One of our residents who really has never been content was noted during Namaste session to have an empathy doll which she had on her knee and was seen to be chuckling and giggling with the doll”

“Namaste – what a wonderful intervention! The resident well being has increased, all the residents seem to have benefited but the most quantifiable is that all residents who are at high nutritional risk have gained weight. This is only noticeable since we embraced Namaste and this seems to have had a calming effect on both staff and resident”
Thank You for Listening

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