

## PERSON CENTRED CARE AND DEMENTIA CARE MAPPING IN SUPPORTED LIVING

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## Why are we talking about dementia?

People are living longer therefore the numbers of people living with dementia are increasing. Currently there are 750,000 plwd in the UK  
By 2025 – 1 m +  
60,000 deaths a year are directly attributable to dementia (4<sup>th</sup> leading cause of death after heart disease, cancer and strokes)



Two thirds of plwd live in the community whilst one third live in a care home.

64% of all people living in care homes have dementia.

2009 saw the publication of the National Dementia Strategy, Living Well with Dementia.

'Nothing Ventured, Nothing Gained': Risk Guidance for plwd pub. 2010

[www.dementiaaction.org.uk](http://www.dementiaaction.org.uk) - 2010



## What it can often be about is.....

Ageism  
Stereotypes  
Negative model – medical model  
Authoritarian and expert views  
Care providers and settings with inflexible routines  
Focus on safety and physical care only  
Hyper cognition



## What is dementia?

A progressive degenerative condition caused by structural and chemical changes in the brain causing a gradual loss of abilities in:

Communication  
Learning  
Reasoning  
Remembering  
Understanding



## Therefore causing a loss of skills around the activities of daily living

Early signs  
Forgetting names  
Word finding problems  
Not recognising people  
Confusion  
Disorientation  
Problems operating domestic appliances



## Early/mid stages

Poor short term memory  
Better long term memory  
Poor understanding of money  
Withdrawal from usual activities  
Getting lost in familiar places  
Dressing/self neglect (more mid stages)



## Later stages

Problems with  
Eating  
Swallowing  
Continence  
Loss of communication skills inc verbal  
(apparently!)

End of life care



## The experience of dementia

Being unable to access areas of memory  
Make sense of an increasingly unfamiliar world  
Being unable to recognise loved ones  
Being unable to cope with emotional demands  
Being unable to verbally communicate your needs  
Loss of strengths – 'weaknesses' come to the fore  
Loss of personal identity and control over your life  
Increasing dependence on other to feel secure and maintain confidence  
Malignant Social Psychology – ignored/talked over/treated as stupid  
Increasing susceptibility to stress and agitation – individual coping skills.



'A person is not a passive victim of the disease as the biomedical model would imply, but an active person seeking to cope with, and manage, the disease.'

Woods (2001)



## Tom Kitwood Bradford Dementia Group

The Enriched Model of Dementia Care  
Dementia = Neurological Impairment  
Personality  
Biography (Life History)  
Physical Health  
Malignant Social Psychology

Also physical environment



**How do we know what the  
experience of living with dementia  
and receiving care is actually like?**

**What frameworks do we use to  
observe staff with?**

**Think CQC and Quality Audits!**



*DCM is based on a serious attempt to take the standpoint of the person with dementia, using a combination of empathy and observational skill*

Kitwood, 1997



**PLEASE NOTE:**

**OTHER BRANDS ARE AVAILABLE!!**

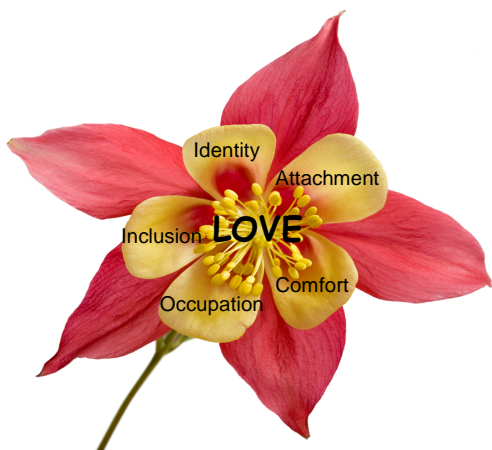


**Behaviour Category Codes**

- |   |                |   |                   |
|---|----------------|---|-------------------|
| A | Articulation   | M | Medication        |
| B | Borderline     | N | Nod Land Of       |
| C | Cool           | O | Objects           |
| D | Doing for self | P | Physical          |
| E | Expressive     | R | Religion          |
| F | Food           | S | Sexual expression |
| G | Going back     | T | Timalation        |
| I | Intellectual   | U | Unresponded to    |
| J | Joints         | V | Vocational        |
| K | Kum and Go     | X | Withstanding      |
| L | Leisure        | Y | Yourself          |
|   |                | Z | Zero option       |



Mood and Engagement Values	ME value
Very happy, buoyant. Very high positive mood. Very absorbed, deeply engrossed/engaged	+5
Content, happy, relaxed. Considerable positive mood. Concentrating but distractible. Considerable engagement.	+3
Neutral, absence of overt signs of positive or negative mood. Alert and focussed on surroundings. Brief or intermittent engagement.	+1
Small signs of negative mood. Withdrawn and out of contact	-1
Considerable signs of negative mood	-3
Very distressed. Very great signs of negative mood	-5



**Personal Detractions**

- |                 |                 |
|-----------------|-----------------|
| Intimidation    | Disempowerment  |
| Withholding     | Imposition      |
| Outpacing       | Disruption      |
| Infantilisation | Objectification |
| Labelling       | Stigmatisation  |
| Disparagement   | Ignoring        |
| Accusation      | Banishment      |
| Treachery       | Mockery         |
| Invalidation    |                 |



### Personal Enhancers

Warmth	Empowerment
Holding	Facilitation
Relaxed pace	Enabling
Respect	Collaboration
Acceptance	Recognition
Celebration	Including
Acknowledgement	Belonging
Genuineness	Fun
Validation	



### Examples how DCM – SL has influenced practice

#### Harry's story



### Just a note of caution.....

Change in this industry is not always  
straightforward

We will need to keep focus on what we are  
trying to achieve

Making things excellent means that we might  
not get things right first time, all of the time, but  
we must never stop trying



### To finish with

**Gladys Wilson's story – why good  
dementia really matters and how  
you can make a difference in just a  
few minutes.**



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