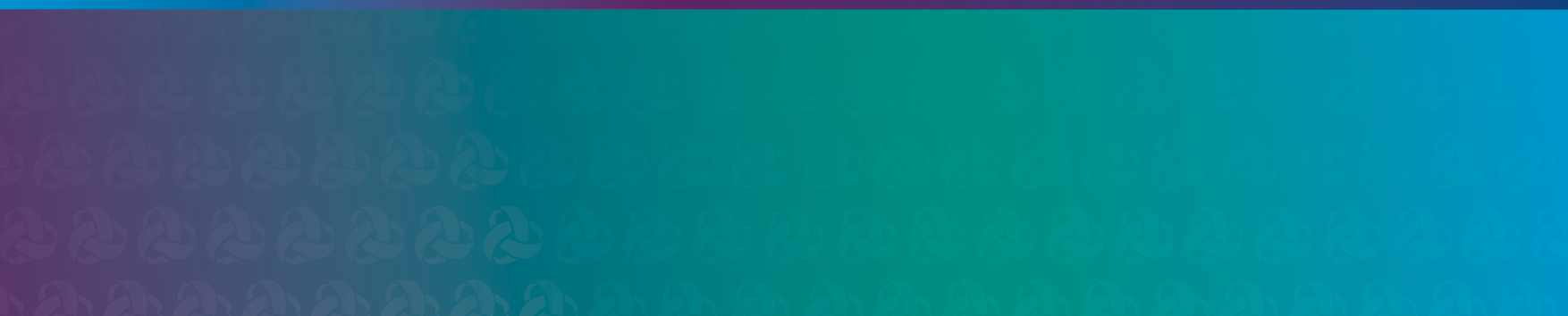


Self-evaluation tool for   
reducing stress and distress for people living with dementia

A quality improvement framework

Editable version

January 2025



# Reducing stress and distress self-evaluation tool

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. There are effective processes for the assessment and early recognition of stress and distress** | | | | | | |
|  | | **Staff follow a structured and holistic approach when anticipating, preventing, and assessing distressed behaviours in people living with dementia** | | | | |
| **Rate 1-6** | | **Evidence** | | **Improvement ideas** |
|  | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| **b.** | | **The environment is dementia friendly, therapeutic, and as far as possible, hazard free** | | | | |
|  | | **Rate 1-6** | | **Evidence** | | **Improvement ideas** |
|  | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| **c.** | **There are regular team\* reviews to support early recognition and response to stress to prevent its escalation** | | | | | |
| **Rate 1-6** | | **Evidence** | | **Improvement ideas** | |
|  |  | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **d.** | **Information is shared across teams\* using written and verbal formats (such as safety briefings or huddles during each shift) to facilitate rapid communication about people living with dementia who are experiencing stress and distress**  *\*The team includes the broad range of professions involved in care and will be dependent on care setting and the needs of the individual* | | | | | |
| **Rate 1-6** | | **Evidence** | | **Improvement ideas** | |
|  | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |

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| **2. Person-centred care plans are developed and used to inform care**  *\*Person-centred care plan may be called a care plan or personal plan depending on setting* | | | |
|  | **Staff use best practice guidance in person-centred care planning** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **There is a team approach to person-centred care planning and delivery** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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|  | **Existing processes are used to support person-centred care planning** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Person-centred information is integrated into care plans and consistently available to all team members to inform care** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **3. Meaningful activity and/or connections are provided to prevent and support stress and distress**  *\*Meaningful activity is one that has been identified by the person living with dementia and/or their carers rather than one that is routinely  provided to all patients/residents* | | | |
|  | **Meaningful activity is identified and offered in line with the care plan** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Processes are in place to ensure the whole team are aware of the importance of meaningful activities and connections identified for individuals and know how to support** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **c.** | **Identified meaningful activities and connections are flexible and respond appropriately to the wider health, treatment and wellbeing needs of the person living with dementia** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Evidence that the environment supports the delivery of a range of activity to support stress and distress** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **4. Reducing stress and distress through one-to-one observation  (may be required when the person cannot be safely left on their own for short periods of time)** | | | |
|  | **Any proposed one-to-one observation follows a period of more frequent interaction and builds on the person’s existing care plan** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Restrictive practice during one-to-one observation is trauma informed and minimised. Any restriction to privacy is justified and documented based on assessment of immediate, significant risk of harm. Any periods of one-to-one observation are brief, regularly reviewed, and monitored to ensure this does not cause more distress** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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|  | **There is a review process for people living with dementia requiring one-to-one observation – the purpose and nature are reviewed every 8-12 hours (minimum) by the team** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **There is evidence of meaningful activity and connection being planned and offered during periods of one-to-one observation. This should be directly linked to the person’s care plan and health and care needs** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **5. Carers are identified, involved and their needs are supported within approaches to reduce  and support stress and distress** | | | |
|  | **Carers are consistently identified, and information recorded** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Carers are involved meaningfully in assessment, care planning and review processes as partners in care** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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|  | **Carers are supported to identify and support stress and distress** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **d.** | **The wider needs of carers are identified and supported to enable the caring role to be maintained and support the transition of care** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **6. All staff feel confident, competent, and supported to use person-centred approaches** | | | |
|  | **The team is able to show evidence of applied knowledge and skills to deliver person-centred care as outlined in the** [**Promoting Excellence framework**](https://www.gov.scot/publications/promoting-excellence-2021-framework-health-social-services-staff-working-people-dementia-families-carers/)**. This should be at the levels appropriate for their role and nature of contact with people living with dementia** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **The team have the knowledge and skills to respond appropriately to stress and distress as outlined in the** [**Promoting Excellence framework**](https://www.gov.scot/publications/promoting-excellence-2021-framework-health-social-services-staff-working-people-dementia-families-carers/) **This should be at the levels appropriate for their role and nature of contact with people living with dementia** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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|  | **The team have the knowledge and skills to deliver trauma informed care as outlined in the** [**Transforming Psychological Trauma Knowledge and Skills Framework**](https://www.transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainingframework.pdf)**\*. This should be at the levels appropriate for their role and nature of contact with people living with dementia**  *\*The workforce ensures that the needs of children and adults who are affected by trauma are recognised, understood and responded to in a way which recognises individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it* | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **d.** | **There is effective line management and clinical supervision in place to support staff who work with people living with dementia who experience stress and distress** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **e.** | **Local dementia experts and other leaders support staff development activities and sharing of learning about dementia care in practice** | | |
| **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **f.** | **Staff are supported to identify, test and implement improvements** | | |
|  | **Rate 1-6** | **Evidence** | **Improvement ideas** |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Improvement plan template

|  |  |  |  |
| --- | --- | --- | --- |
| **Service name** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| **The top three priorities for improvement** | **Lead** | **By when** | **Completed** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Any other improvements** | **Lead** | **By when** | **Completed** |
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