**What is Dementia Care Mapping?**

Dementia Care Mapping is an observational framework developed at the University of Bradford which records quality of life and quality of care from the perspective of the person living with Dementia.

* Dementia Care Mapping is both an ‘Observational Tool’ and a ‘Process’, which are designed to help the provider to consider and improve in the delivery and quality of care for service user’s with dementia.

The observational tool is used for a variety of purposes:

* + Assessment and care planning
	+ Training needs analysis
	+ Staff development
	+ Continuous quality improvement
	+ Benchmarking and quality assurance

The DCM currently observes in:

* + Residential establishments,
	+ Hospital Trusts,
	+ Extra Care facilities
	+ Day Services, where appropriate

**Core Responsibility**

**How Dementia Care Mapping is utilised:**

The process utilised by the Dementia Mapping Service consists of two separate but integral parts:

**Mapping** - Will observe an identified service user to whom the provider has gained consent for their inclusion in the mapping process. The Dementia Care Mapper, DCM will endeavour to observe the participant’s mood state alongside their level of engagement. This is achieved by continuous observation based on coding within five minute time frames. Over the period of a whole map a general picture can be built up about a participant’s relative level and range of well-being or ill-being by drawing together and analysing information.

**Observations** - The purpose of ‘Observations’ is to support the provider/ referring professional in an effort to eliminate or consider triggers to challenges, which are being experienced by the provider of the service. The ‘Observations’ are undertaken from the service user’s perspective ensuring quality person-centred care is foremost. This will support all relevant service areas and professionals to have an insight into the service user’s communication, in turn enabling better informed person centred care planning.

**Aim:**

* Work jointly with providers in an inclusive manner that provides good person centred outcomes for service users.
* The expectation is for all stakeholders to support continuous improvement, striving towards excellence in dementia care.

**Key Elements:**

* The Dementia Mapping Service is part of the Contracts Performance & Quality Team (CP&QT), within Adults Social Care. Together they ensure that services not only meet the contractual requirements, but more importantly meet the quality and outcomes of service user’s using them. The data collated when analysed evidences the service user’s mood, engagement and well-being.
* Dementia Care Mapping is central to improving the quality of care for service user’s with Dementia and is closely aligned with the National Dementia Strategy on Living Well with Dementia.
* Dementia Care Mapping is recognised in key policy and guidance nationally.

**Core Responsibility**

**What we undertake/ complete:**

* We collate and analyse data.
* For both the mapping/ observations the DCM will document their findings in a report format, inclusive of recommendations and suggestions.
* The DCM will complete inter-rated reliability (peer review) and the report will be sense checked by the Contracts Performance and Quality Manager.
* The report once completed will be emailed to service provider and if an observation, the referring person.The DCM will CC Contracts Performance and Quality Manager, for audit purposes.
* The DCM will complete verbal feedback of their initial findings with the service provider/ appropriately appointed person at the end of a mapping session/ observation, prior to leaving the premises.
* A further formal feedback meeting of the report will be arranged/ offered and where necessary- action plans be devised with the service provide/ appropriate appointed person.

**What we undertake/ complete:**

Liaise, share information and work with (whilst adhering to General Data Protection Regulation/ sharing information):

**Contract Performance & Quality team,** (CP&QT)**:**

* The DCM willemail the (CP&QT)to inform that the report has been uploaded tothe (CP&QT) shared drive.
* Will complete the (CP&QT) Appendix 10 concerns form if required and emailed to the ASCCP&QT inbox.

**Safeguarding:**

* Complete safeguarding alerts, inclusive of actions and outcomes as required and inform in feedback of the need to refer/ share the observational findings; with the referring professional, other partnering agencies or regulatory bodies.

**Others:**

* A copy of the report/ action plan will be emailed to the Head of Personalisation & Long Term Support (ASC). For information purposes only
* Commissioners
* CQC
* Brokerage
* Continuing Health Care
* Other teams and external agencies as appropriate

**Core Responsibility**

**Creativity and judgement**

**Not Responsible for**

**Creativity and judgement:**

* Provide information on performance and quality to the Contract Performance and Quality team to ensure that the safety and wellbeing of people is maintained
* Decide whether concerns observed require further action and share with other regulatory bodies’ e.g.: CQC, Safeguarding etc. if required.
* Use professional judgement as appropriate to the provider, ensuring the safety and wellbeing of people it supports/ cares for.
* Share Best Practise within a service area and across services as applicable.
* Attend and support Multi -Disciplinary Teams as required.
* Offer other additional support bespoke to that service provider/ needs of the person mapped/ observed.

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**What we do not do:**

* Undertake mapping/ observations if consent has not been obtained for the identified service user.
* Commission services
* De-Commission services.
* Allocate packages of care
* Recommend providers
* Make personal judgements/ assumptions.