

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

A quality improvement framework

Printable 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			
a.	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.

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.	<p>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</p> <p><i>*The team includes the broad range of professions involved in care and will be dependent on care setting and the needs of the individual</i></p>	
	<p>Rate 1-6</p>	<p>Evidence</p>
	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>

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*

a. 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.
b. 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.

c.	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.
d.	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.

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*

a.	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.
b.	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.

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.
d.	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.

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)

a.	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.
b.	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.

c.	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.
d.	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.

5. Carers are identified, involved and their needs are supported within approaches to reduce and support stress and distress

a.	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.
b.	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.

c.	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.

6. All staff feel confident, competent, and supported to use person-centred approaches

a.	The team is able to show evidence of applied knowledge and skills to deliver person-centred care as outlined in the Promoting Excellence framework. 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.
b.	The team have the knowledge and skills to respond appropriately to stress and distress as outlined in the Promoting Excellence framework 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.

c.	<p>The team have the knowledge and skills to deliver trauma informed care as outlined in the Transforming Psychological Trauma Knowledge and Skills Framework*. This should be at the levels appropriate for their role and nature of contact with people living with dementia</p> <p><i>*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</i></p>		
	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.	<p>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</p>		
	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.

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		Date:	
The top three priorities for improvement	Lead	By when	Completed
Any other improvements	Lead	By when	Completed

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Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot