



MAKING KNOWLEDGE WORK

Person Centred Care for services for people with dementia

Care fit for VIPS

Key indicators for care providers

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THE VIPS FRAMEWORK

Using the VIPS Framework

The VIPS definition of person-centred care encompasses four major elements.

- V A value base that asserts the absolute value of all human lives regardless of age or cognitive ability.
- I An individualised approach, recognising uniqueness.
- P Understanding the world from the perspective of the service user
- S Promotion of a positive social psychology in which service users can experience relative well being

This tool is designed to help Care Providers for services for people with dementia, to assess the relative strengths and weaknesses with regard to providing person-centred care.

It details the six key indicators under each element that demonstrate person-centred care. For each indicator, you are asked to reflect on how your organization is performing. You can then use this to derive an action plan for service quality improvements. In order for you to develop practice it is helpful to complete the document as a group, preferably by people who have different roles within your organisation. It is unlikely that one person will be able to answer it all.

Leadership

Person centred care requires sign-up to working in this way across the whole care provider organisation if it is to be sustained over any length of time.

Particular elements require leadership at different levels.

The first element –Valuing – requires leadership from those responsible for leading the organisation at a senior level.

The second element –Individual Care – requires leadership particularly from those responsible for setting care standards and procedures within the organisation.

The final two elements – Perspectives and Social Environment – require leadership for those responsible for the day-to day management and provision of care

Rating your performance for each indicator

For each indicator care providers are asked to reflect on how well they think they are doing. There is a choice of four ratings.

Excellent: This is where the care provider has no doubt they are reaching the highest standards within the indicator and that they have maintained this over a period of time and it is consistent across their whole service.

Good: This is where the care provider is sure they have achieved a high standard against the indicator but they have some concerns about the consistency or sustainability of the standard in some areas of their service.

OK: This is an adequate performance that means they can evidence the indicator being met most of the time or they have elements of good practice that could be introduced more widely across the organization.

Need to work on this: This is where the care provider does not know how they are doing on a particular indicator or where they are concerned that they have not addressed this or where they need to identify the blocks to it happening on a consistent basis.

Different ways of using the VIPS tool

The VIPS framework can be used on at least three different levels.

Raising awareness of person centred care across the organisation.

Using it in this way, a group leader uses the questions to facilitate a discussion about each question. The composition of the group will depend on the size of the care organisation and the main aim in bringing people together. This could be a naturally occurring team such as a ward team or a home care team or the executive board of a care provider. It is probably most useful, however, to have a group of around 10-12 people who work at different levels within the organisation or who have responsibility for different areas. The discussion will generate many things in its own right. There will be areas to celebrate where the organisation can recognise things that it already does well and may want to publicise these further. There will be other areas where there is a mismatch of experience between different group members. Sometimes this occurs in the difference between what is meant to happen according to policies and procedures and what actually happens in reality. There may be variation across the organisation suggesting that effective practice needs to be shared. There will be other areas where the group identifies gaps in provision and may generate an initial discussion of how this could be addressed. This sort of group facilitation needs skilful handling to ensure participants are comfortable in sharing information and in challenging each others assumptions.

Evidence collection and benchmarking.

This is a more formal means of using the framework to actually check out how practice actually measures up in reality. Most organisations think they are doing better than they actually are! Ways of evidencing could include reviewing paper work and records, interviewing staff and service users, focus groups on particular topics, questionnaires, observation of practice and monitoring key indicators and critical incidents. This sort of evidence collection and analysis requires skills in evaluation and audit.

Action planning for improvements in key elements.

It may be that an organisation needs to focus on one or two areas to really make an impact on practice. This might be in terms of particular working groups or learning sets coming together on specific elements or indicators. The indicators can be used to identify the key areas of concern. Using the indicators in this way requires skills in project management and practice development. The summary table overleaf can help to pinpoint particular areas that need work.

VALUING

Valuing people with cognitive disabilities and those who care for them:

Promoting citizenship rights and entitlements regardless of age or cognitive impairment and rooting out discriminatory practice

VALUING INDICATORS

V1 VISION

Does the organization have a vision and mission statement about providing person-centred care services to which people have access regardless of age and cognitive disability?

V2 HUMAN RESOURCE MANAGEMENT

Are systems in place to ensure staff delivering direct care feel valued by their employers?

V3 MANAGEMENT ETHOS

Are management practices empowering to staff delivering direct care for them to act in the best interests of their service users?

V4 TRAINING AND PRACTICE DEVELOPMENT

Are there practices in place to support development of a workforce skilled in person-centred care?

V5 THE SERVICE ENVIRONMENTS

How good is the organization at providing supportive and inclusive physical and social environments for people with cognitive disability?

V6 QUALITY ASSURANCE

Are Continuous Quality Improvement mechanisms in place which are driven by knowing and acting upon needs and concerns of service users?

VIPS

INDIVIDUALISED CARE

Treating people as individuals:

Appreciating that all people have a unique history and personality, physical and mental health and social and economic resources and that these will affect their response to cognitive disabilities.

INDIVIDUALISED APPROACHES INDICATORS

I 1 CARE PLANNING

Are strengths and vulnerabilities identified across a wide range of needs and are individualized care plans in place that reflect a wide range of strengths and needs?

I 2 REGULAR REVIEWS

Are care plans reviewed on a regular basis?

I 3 PERSONAL POSSESSIONS

Do service users have their own personal clothing and possessions for every-day use?

I 4 INDIVIDUAL PREFERENCES

Are individual likes and dislikes and preferences and daily routines known about by direct care staff and acted upon?

I 5 LIFE HISTORY

Are all staff aware of basic individual life histories, key stories of proud times, and are these used regularly in practice?

I 6 ACTIVITY AND OCCUPATION

Are there a variety of activities available that meet the interests and abilities of all service users?

VIPS

PERSPECTIVE OF PERSON LIVING WITH DEMENTIA

Looking at the world from the perspective of the person with dementia:

Recognising that each person's experience has its own psychological validity, that people with cognitive disabilities act from this perspective, and that empathy with this perspective has its own therapeutic potential

PERSPECTIVE OF SERVICE USER INDICATORS

P1 COMMUNICATION WITH SERVICE USERS

On a day-to day basis, are service users asked for their preferences, consent and opinions?

P2 EMPATHY & ACCEPTABLE RISK

Do staff show the ability to put themselves in the position of the person they are caring for and to think about decisions from their point of view?

P3 PHYSICAL ENVIRONMENT

Is the physical environment managed on a day-to-day basis to help people with cognitive disabilities feel at ease?

P4 PHYSICAL HEALTH NEEDS

Are the physical health needs of people with dementia including pain assessment, sight and hearing problems given particular attention?

P5 CHALLENGING BEHAVIOUR AS COMMUNICATION

Is "challenging behaviour" analysed to discover the underlying reasons for it rather than accepted as an inevitable part of decline?

P6 ADVOCACY

In situations where the actions of an individual with cognitive disabilities are at odds with the safety and well being of others, how are the rights of the individual protected?

VIPS

SUPPORTIVE PSYCHO- SOCIAL ENVIRONMENT:

Recognising that all human life is grounded in relationships and that people with cognitive disabilities need an enriched social environment which both compensates for their impairment and fosters opportunities for personal growth.

On a day to day basis this relates to the knowledge, skills and qualities of staff who provide direct care to people with cognitive disabilities.

SUPPORTIVE PSYCHO-SOCIO ENVIRONMENT INDICATORS

S1 INCLUSION

Are people with cognitive disabilities helped by staff to be included in conversations and helped to relate to others? Is there an absence of people being “talked across”?

S2 RESPECT

Are all service users treated with respect? Is there an absence of being service users being demeaned by “tellings off” or labelling for their short-comings?

S3 WARMTH

Is there an atmosphere of warmth and acceptance to service users? Do people look comfortable or intimidated and neglected?

S4 VALIDATION

Are people’s fears taken seriously? Are people left alone for long periods in emotional distress?

S5 ENABLING

Do staff help people with cognitive disabilities to be active in their own care and activity? Is there an absence of people being treated like objects with no feelings?

S6 PART OF THE COMMUNITY

Is there evidence of service users using local community facilities and people from the local community visiting regularly?

Summary table

Indicator	More work	OK	Good	Ex'lent
V1 vision				
V2 human resource management				
V3 management ethos				
V4 training and practice development				
V5 the service environments				
V6 quality assurance				
I 1 care planning				
I 2 regular reviews				
I 3 personal possessions				
I 4 individual preferences				
I 5 life history				
I 6 activity and occupation				
P1 communication with service users				
P2 empathy & acceptable risk				
P3 physical environment				
P4 physical health needs				
P5 challenging behaviour				
P6 advocacy				
S1 inclusion				
S2 respect				
S3 warmth				
S4 validation				
S5 enabling				
S6 part of the community				

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