

Dementia Care Mapping™ (DCM™) Feedback Report for *(Insert name of Home/Unit)*

{Mapper name(s)}

(Date)

What is Dementia Care Mapping™?

Dementia Care Mapping™ is an observational tool and a process, which is designed to help staff to consider and improve the quality of care for people living with dementia. When carrying out observations or a 'map', a Dementia Care Mapper™ will observe between one and eight people living with dementia. What they write down attempts to capture the experience of care from the perspective of the person living with dementia. The Mapper/s observe people continuously for a number of hours. The length of a map will depend upon the purpose and resources.

Every five minutes a Mapper writes down a Behaviour Category Code (BCC) which represents what each person was mainly doing for that five minute period. This is chosen from a list of 23 codes which are denoted by a letter (F = eating and drinking, L = leisure, fun and recreational activities). In each five minutes the Mapper also records a Mood and Engagement (ME) Value, which represents how engaged the person is and whether their mood is positive or negative. This is represented on a six point scale (+5, +3, +1, -1, -3, -5).

The Mapper also has a way of capturing the quality of interactions with staff for each person they are observing through Personal Detractions and Personal Enhancers. Personal Detractions are times when an interaction 'puts down' a person living with dementia and undermines one or more of their psychosocial needs of comfort, attachment, identity, occupation and inclusion. For example, talking about him/her in his/her presence as if they were not there would be recorded as 'ignoring' and would undermine a person's psychosocial need for inclusion.

Personal Enhancers are times when a member of staff interacts with a person in a way which has the potential to uphold one or more of her/his psychosocial needs. For example, providing a person living with dementia with verbal support in order to complete an action independently would be coded as 'enabling' and would support a person's need for occupation. Personal Enhancers and Detractions are recorded as and when they occur.

Once the observation is complete the Mapper/s analyse the data they have recorded and put it into a condensed and understandable format. It is that data which is included in this report.

(Insert mapper name(s) and contact details)

Group Care Summary

Date of map:

Place:

Observer:

Date of feedback:

Comments on mood/engagement, behaviours, and well-being:

How the residents spent their time (BCCs)

(Insert group behaviour profile graph)

Their levels of well-being (ME values)

(Insert group WIB profile graph)

Periods of uninterrupted negative mood and engagement (UNME)

(Examples of sustained periods of negative mood and engagement)

Comments on the Individual well and ill-being scores (WIB Scores)

(Insert Individual WIB score graph)

Comments on care staff practice:

PE and PD Summary Table

Psychological need	Highly Detracting	Detracting	Enhancing	Highly Enhancing
Comfort				
Identity				
Attachment				
Occupation				
Inclusion				

Things the staff did well (Personal Enhancers)

Things to think about doing differently (Personal Detractions)

3-5 points for the staff to consider/discuss

Individual Care Summary for *(Insert name of person)*

Date of map:

Place:

Observer:

Date of feedback:

Comments on mood/engagement, behaviours, and well-being:

How *(name of person)* **spent their time (BCCs)**

(Insert the persons Behaviour Category Profile graph)

(Name of person) **levels of well-being (ME)**

(Insert the person's mood and engagement profile graph)

Periods of uninterrupted negative mood and engagement (UNME)

(Examples of sustained periods of negative mood and engagement)

Comments on *(name of the person)* Individual WIB Score

Comments on care staff practice:

PE and PD Summary table

Psychological Need	Highly Detracting	Detracting	Enhancing	Highly Enhancing
Comfort				
Identity				
Attachment				
Occupation				
Inclusion				

Things the staff did well (personal enhancers)

Things to think about doing differently (personal detractors)

3-5 points for the staff to consider/discuss

Role Summary – DCM™ Mapper

As a DCM™ Mapper your role will include;

1. Attending a DCM™ Training Course (if required) after Care Home Randomisation (allocation to treatment).
 - i. 4 day course (time covered within standard working hours)
 - ii. Written assessments to confirm knowledge (Open book assessments on Day 2, 3, and 4).
2. Completing DCM™ mapping cycle 3 times over 16 months (time covered within standard working hours) as advised by the study team. You will be advised of the timescales of each of the mapping cycles. The dates of each of these DCM™ cycles must be adhered to for the purposes of the research study.
 - i. Scheduling, producing Briefing documentation, and completing Briefing Sessions with Staff, Residents, and Relatives.
 - ii. Completing DCM™ observations (minimum of 6 hours of observations (between 2 Mappers) over 1 week)
 - iii. Analysing observations and preparation of Feedback report (using DCM™ data analysis package)
 - iv. Scheduling and completing Feedback Sessions with Staff, Residents, and Relatives.
3. Returning information collected during DCM™ mapping cycles to the Clinical Trials Research Unit (CTRU).
 - i. Anonymised (identifiable information obscured) Mapping Sheets.
 - ii. Feedback Reports and Action Plans.
 - iii. Briefing and Feedback Session Attendance Sheets.
4. Participate in an interview at the end of the trial to discuss the use of DCM™ in practice.

DCM™ Mappers will receive support for DCM™ Experts and Trainers based at the University of Bradford throughout the study. It is expected that the DCM™ mappers will take the lead in completion of the DCM™ cycles. The DCM™ Experts and Trainers will provide long arm and face to face support, as scheduled, within the first DCM™ cycle. The EPIC Study team based at the University of Leeds will also be available to answer any questions you may have whilst acting as a DCM™ Mapper for the study.

DCM™ Mapper Guidance - Time Commitments

The following is an estimate of the time within standard working hours that each mapper will need to be given in order to conduct DCM™ effectively over the trial period.

Training

Attending DCM™ training 4 days

(Please refer to DCM™ Training schedule for details of upcoming course dates)

Each Mapping Cycle (Total of 3 cycles)

IRR ½ day

Mappers may require additional time within their standard working hours to practice their DCM™ mapping skills post DCM™ course.

Preparation and Briefing sessions 1-1 ½ days

Mappers will require up to one day within their standard working hours spread over the period of 1 week to prepare their Briefing documentation, and receive long arm support and supervision from their DCM™ Expert during the first DCM™ cycle. Mappers will also require access to the home computer to enable preparation of the briefing documentation.

Mapping Observations 1 day

Data Analysis and Report writing 1-1 ½ days

Spread over one week, within Mappers standard working hours, to enable long arm support and supervision from their DCM™ Expert during the first DCM™ cycle. Mappers will also require access to the home computer to enable writing of the DCM™ report.

Feedback Sessions and Action planning ½ day

Action planning documentation ½ day

Topic guides – DCM EPIC Trial

Topic Guide for Interviews with Care Home Manager

- How have you found using DCM in your home?

Could probe about stages of the process:

DCM Training (identifying & retaining mappers, releasing staff for training)

Briefing sessions

Mapping & report writing

Feedback sessions

Action planning & making changes to practice

- What worked well?
 - *Were any parts of the process particularly beneficial?*
- What were the challenges?
 - *How did you try to overcome these?*
 - *What strategies were most helpful?*
- What impact, if any, has the DCM project had?
 - *On residents/ care*
 - *On staff?*
 - *Any unexpected or wider impacts? (e.g. to other homes, care home trust)*
 - *Have those impacts been maintained? (if yes, how?)*

(If no impacts are reported explore why not)

- Would anything need to change for DCM to work successfully in your home?

Topic Guide for Interviews with Mappers

- How have you found using DCM in your home?

Could probe about each stage:

- *DCM Training (& being identified as a mapper)*
- *Briefing sessions*
- *Mapping & report writing*
- *Support from the expert mappers (Did it help? Could it have been improved?)*
- *Feedback sessions & sharing results (How shared & receptiveness of staff)*
- *Action planning & making changes to practice*
- What worked well?
 - *Were any parts of the process particularly beneficial?*
- What were the challenges?
 - *How did you try to overcome these?*
 - *What strategies were most helpful?*
- What impact, if any, has the DCM project had?
 - *On residents/care?*
 - *On staff?*
 - *Any unexpected or wider impacts? (e.g. other homes, care home trust)*
 - *Have those impacts been maintained? (if yes, how?)*

(If no impacts are reported explore why not)

- Would anything need to change for DCM to work successfully in your home?

Topic Guide for focus group/interviews with relatives/friends

- *Did they know the home had been allocated to undertake the DCM intervention?*
 - *How did they know? (Any evidence of it in the home?)*
 - *Were you aware of when the mapping was taking place? If so, how?*
- *What are their views on the DCM project overall?*
- *What impact, if any, do they think the DCM project has had?*
 - *On their relative and on other residents*
 - *On the care provided in the home*
 - *On their own involvement in the home*
 - *Have those impacts been maintained?*
- *Could the DCM project have been improved?*
 - *To have more impact on residents & their care?*
 - *To better capture the impact of DCM on residents (did the questionnaire's capture this?)*
 - *In any other ways?*

Topic Guide for conversations with residents

This is a guide to a flexible conversation with residents. The intention is that the conversation is guided along the lines of the topics below but that the way the questions are asked (order, wording, language etc) is adapted to suit each resident's abilities.

Start a conversation about where you are now (i.e. the home). Below are some topics (with follow up prompts in italics, if needed) to help guide the conversation.

- What do you think of it here?
 - *What do you like about being here?*
 - *Is there anything you don't like?*
- What do you think of how people are looked after here?
 - *Are you well looked after?*
 - *How well do the people working here know you?*
 - *Do they know what you like and don't like?*
- Over the time you have been here, do you think how you are looked after has changed?
 - *How has it changed? or Have you been told about any changes to care? (e.g. in resident meetings)*
 - *(If they struggle to identify any, you could ask about changes you know the home have made)*
 - *What has that change meant for you?*
- They have been doing a project here to see whether they could look after people any better. Do you think this has made a difference to you?
 - *How well do you think the project has worked?*
 - *Is there anything the project could have done better?*

If the resident is able to respond, you could follow up with asking about their experience of the trial.

For example:

Observations:

Did they notice any staff sitting and observing care?

How did they feel about this?

Do they think it had an effect on anyone who lives here?

Outcome measures:

We looked at how agitated (give eg's) people are here.

Was that a good way to tell how people find it here?

Would anything else tell us how people find it here?

Topic Guide for Focus Groups with Staff

- How have you found having the DCM project running in your home?

Could probe about stages of the process:

Briefing sessions

Mapping

Feedback sessions

Action planning & making changes to practice

- What worked well?
 - Were any parts of the process particularly beneficial?
- What were the challenges?
 - How did you try to overcome these?
 - What strategies were most helpful?
- What impact, if any, has the DCM project had?
 - On residents/ care
 - On staff?
 - Any unexpected or wider impacts? (e.g. to other homes, care home trust)
 - Have those impacts been maintained? (if yes, how?)

(If no impacts are reported explore why not)

- Would anything need to change for DCM to work successfully in your home?
 - In your home or the wider organisation?
 - To increase the impact of DCM on residents/care?
 - To make the process easier or more convenient?