



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

A quality improvement framework

Printable version

March 2026

Reducing stress and distress self-evaluation tool

1. Person-centred care plans are developed and used to inform care			
<i>*Person-centred care plan may be called a care plan or personal plan depending on setting</i>			
a	Staff use best practice guidance in person-centred care planning.		
	Rate 1-6	Process	Evidence
b	Information written in care plan reflects the approach and delivery of person-centred care.		
	Rate 1-6	Process	Evidence

c	All team members can easily see and use up-to-date information in the care plan. <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>		
	Rate 1-6	Process	Evidence
d	Care plans are used to inform and guide the delivery of care.		
	Rate 1-6	Process	Evidence

e	There is a team approach to person-centred care planning and delivery.		
	Rate 1-6	Process	Evidence
Initial improvement ideas (optional)			

2. 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 unpaid 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	Process	Evidence
b	The whole team are aware of the importance of meaningful activities and connections identified for individuals and know how to support.		
	Rate 1-6	Process	Evidence

c.	Meaningful activities are adapted as health and individual needs change for the person living with dementia. An example would be where the person enjoyed taking daily outdoor walks but is no longer able to do so and a discovery box filled with outdoor items that hold personal significance is offered as an alternative.		
	Rate 1-6	Process	Evidence
d	The environment is dementia friendly, therapeutic, and as far as possible, hazard free.		
	Rate 1-6	Process	Evidence

e.	Evidence that the environment supports the delivery of a range of activity to support stress and distress.		
	Rate 1-6	Process	Evidence
Initial improvement ideas (optional)			

3. There are effective processes for the early recognition and assessment of stress and distress

a	Staff follow a structured, holistic and multidisciplinary approach when identifying stress and distressed behaviours in people living with dementia.		
	Rate 1-6	Process	Evidence
b.	Regular multidisciplinary team reviews that support early recognition to stress and distress behaviour to prevent escalation.		
	Rate 1-6	Process	Evidence

c.	Multidisciplinary staff are clear in their roles and responsibilities when developing person-centred assessment and care planning for people living with dementia who are experiencing stress and distress.		
	Rate 1-6	Process	Evidence
d.	Written and verbal communication methods (such as safety briefings and shift huddles) facilitate rapid communication about people living with dementia who are experiencing stress and distress.		
	Rate 1-6	Process	Evidence
Initial improvement ideas (optional)			

4. Periods of one-to-one observation/continuous intervention are implemented in line with best practice guidance

**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 to evidence therapeutic benefits and outcomes expected during this period of care.		
	Rate 1-6	Process	Evidence
b	One-to-one observation is restrictive practice* and must be trauma-informed and minimised. Any restriction should be considered in line with Mental Welfare Commission Use of restraint guidance and documented based on assessment of immediate or significant risk of harm.		
	Rate 1-6	Process	Evidence

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	Process	Evidence
d.	There is evidence of meaningful activity and connection being planned and offered during periods of one-to-one observation.		
	Rate 1-6	Process	Evidence

e.	Meaningful activities are directly linked to the person’s care plan and tailored to their individual health and care needs during one-to-one observation.		
	Rate 1-6	Process	Evidence
Initial improvement ideas (optional)			

5. There is an effective and person-centred approach during transitions of care* for people living with dementia

**Transitions of care refer to when a person moves between settings.*

a.	There is a process in place to support and prevent multiple transitions of care (future planning).		
	Rate 1-6	Process	Evidence
b.	People living with dementia and unpaid carers are involved in and provided with appropriate information during decision-making when moving between settings and their wishes, values and clinical needs are consistently upheld across all settings.		
	Rate 1-6	Process	Evidence

c.	There is a structured and person-centred individual plan for when a person moves between settings.		
	Rate 1-6	Process	Evidence
d.	A multidisciplinary team is identified and involved in early planning, structured communication and co-ordination between settings.		
	Rate 1-6	Process	Evidence

e.	There are effective processes for information sharing from both the sending and receiving teams when moving between settings.		
	Rate 1-6	Process	Evidence
f.	Unpaid carers and families are involved, kept informed and supported when a person moves between settings.		
	Rate 1-6	Process	Evidence

g.	Transferable documentation (for example, Power of Attorney , Anticipatory Care Plan , Getting to Know Me , Herbert Protocol or End of Life) that records the needs of people living with dementia is updated and available when moving between settings.		
	Rate 1-6	Process	Evidence
Initial improvement ideas (optional)			

6. Unpaid carers* are identified, involved and their needs are supported within approaches to reduce and support stress and distress

**Unpaid carers are defined as those who provide care and support to family members, friends, and neighbours*

a	Unpaid carers are consistently identified, and information recorded.		
	Rate 1-6	Process	Evidence
b	Unpaid carers are involved meaningfully in assessment, care planning and review processes as partners in care.		
	Rate 1-6	Process	Evidence

c	Unpaid carers are supported to identify and support stress and distress.		
	Rate 1-6	Process	Evidence
d.	The wider needs of unpaid carers are identified and supported to enable the caring role to be maintained and support the transition of care.		
	Rate 1-6	Process	Evidence
Initial improvement ideas (optional)			

7. 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	Process	Evidence
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	Process	Evidence

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>*Trauma-informed care is defined as the knowledge and skills needed by everyone in the Scottish workforce to be able to recognise where an individual may be affected by trauma and to adapt their practice accordingly in order to minimise distress and support recovery through a safe and compassionate response.</i></p>		
	Rate 1-6	Process	Evidence
d.	<p>There are 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	Process	Evidence

e.	Local dementia experts and other leaders support staff development activities and sharing of learning about dementia care in practice.		
	Rate 1-6	Process	Evidence
f.	Staff are supported to identify, test and implement improvements.		
	Rate 1-6	Process	Evidence
Initial improvement ideas (optional)			

Improvement plan

Service name			Date:		
The top three priorities for improvement	Quality sub-criteria this priority is linked to	Improvement ideas (optional)	Lead	By when	Completed
Any other improvements			Lead	By when	Completed

Published | March 2026

Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

Healthcare Improvement Scotland

Edinburgh Office

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Glasgow Office

Delta House

50 West Nile Street

Glasgow

G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot

Care Inspectorate

Compass House

11 Riverside Drive

Dundee

DD1 4NY

www.careinspectorate.com

NHS Education for Scotland

Westport 102

West Port

Edinburgh

EH3 9DN

www.nes.scot.nhs.uk