Imagine this scenario: George, a patient with dementia, is admitted to your care. George’s care plan is many pages long, with personal information scattered among the clinical and medical notes. There is no way of understanding quickly who George is and what matters to him. How could you know that if George is anxious – as he is now – he will relax if you ask him what he is growing in his greenhouse?

But if George had a one-page profile clipped to his medical notes, with bullet points showing what is important to him and how he wants to be supported, it could have made a huge difference. One-page profiles are the first step to delivering truly personalised care. They are a distillation of all that is important to a person, and have already been used successfully in many health and social care settings. In recent years, they have been introduced for people living with dementia to help staff put that person at the centre of decision making about their care.

Since I left nursing and began to train organisations and staff in person-centred practices, a great deal of my time has been spent with nurses in care homes. But these practices
can be applied to any healthcare setting and offer numerous benefits
to nurses caring for patients living with dementia.

They can be used to note down hints and tips that will help nurses
administer medication. For example,
John can become anxious about
taking his medication; Evie hides her
pills in her handbag; Stephen will only
take his pills if he thinks that Andrew,
his son, will be checking later; and if
Gwen refuses to co-operate, withdraw
and try again 15 minutes later, but
don’t be too obvious about it – get her
talking about Emmerdale first.

Make a difference
One-page profiles contain nuggets of
information about a patient that can
help nurses frame conversations. They
can also make a difference to end of
life care for dementia patients, when
it is important to focus on what
matters to them such as a feeling of
security or peace.

When Sarah reached end-stage
dementia, her family and the staff who
knew her best looked to her one-page
profile to make the time she had left as
fulfilling as possible. They knew she
would want to see her daughters each
week, that she must have fresh flowers
around her, that she loved listening to
Daniel O’Donnell and that her faith
was strong and she would want to pray.

In care homes, nurses and their
colleagues work together with families
and those living with dementia to
create one-page profiles. In hospitals,
time is more of an issue.

At one community hospital I have
worked with, a nurse assessor begins
gathering information as part of the
admission process and then colleagues
on the ward complete it.

A few minutes spent gathering
slightly different information about a
patient can make an enormous
difference to the quality of their
care. It is a new way of working that
represents a shift in power and a
change in culture. By focusing equally
on what matters to patients and on
the things that need to happen to keep
them healthy and safe, we can improve
the quality of their lives dramatically.

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Guide for Person-Centred Practice,
is available from HSA Press

NURSING STANDARD

My heart sank when the registrar
said he wanted to keep me in
overnight, but the pain in my side
suggested appendicitis and, if
anything went wrong, this hospital
was the place to be.

Except that there were others in
this place too – complete strangers
pretending to be asleep or just staring
at the ceiling. When it comes to
bedtime, I like darkness and a bit of
hush. Above all, I like privacy. But it
was now midnight and there were
lights and bleepers, people talking and
phones burbling.

‘Ring me when you know anything,’
said Janet, and pecked my cheek.

I glanced at the curled figure opposite
and he burrowed deeper into his
pillow. This was not going to be my
ideal city break.

It was barely daylight when the
breakfast trolley arrived. I was just
wondering if this was what prison
would be like when Barry arrived in the
next bed, accompanied by a huge man
in uniform. Barry had served ten years
in jail, and it was Kevin’s job to stop him
making a dash for freedom. ‘With that
broken hip?’ said the warder, winking at
him. ‘I don’t think so.’

Barry was frail and old enough
to be Kevin’s grandfather, and I was
touched to see how the big man looked
out for him. I was also touched by
the kindness the nurses showed to
Wilfred, potentially their most diffi cult
customer. ‘Fetch my tobacco, Pat,’ he
shouted at 3am. ‘It’s in the top drawer
of my bureau. There’s a lighter too.’

Instead of his morphine, or
maybe it was his age, but Wilf thought
he was at home and that every nurse
was his wife. ‘You are a sweetheart,’
you told him. He was, too.

By the time my ‘appendicitis’ eased,
I had seen for myself how kind words
and a ready smile can mean the world
to patients and prisoners alike. When
they told me I was a free man, I felt
surprisingly sad to leave.

David Newnham is a freelance
journalist

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City break
David Newnham has an
illuminating night away