SAHK

Introduction: Dementia is an irreversible process accompanied by a progressive loss of cognitive ability. With an increasing prevalence of dementia in residential homes, care professionals are desperately looking for an appropriate management programme that meets the needs of such group of clients. In view of this, a 'person-centred' approach aiming at facilitating an individual's potential abilities leading to self-sufficiency in daily life has been developed by the authors. In this approach, we guide the establishment of suitable physical and social environments in which daily living tasks take place. In addition, a healthy balance of activity and inactivity for each individual is scheduled. The rehabilitative programmes are categorised into cognitive task series (CTS) that is carried out in a training room and follow up by individual daily routine training (DRT) that is conducted in real-life environment. CTS is an intensive cognitive retraining programme conducted in small groups of 4-6 for about 30-45 min once or twice per week. Major CTS includes reality orientation, reminiscence, cognitive stimulation and sensory stimulation tasks. The limited amount of time spent in CTS must be accompanied by the on-site follow-up training during routine contacts between staff and the clients. DRT activities begin with a 20-min morning assembly right after breakfast. A pocket reminder of today's schedule is given to each individual with dementia to induce a feeling of security about the daily rhythm at the beginning of a day. Verbal cues and guided practice in combination with large signposts are employed as discriminative stimuli in the environment throughout the whole day of the clients. **Method:** The quality of dementia care with the holistic model was evaluated by the Dementia Care Mapping (DCM) (Kitwood & Bredin, 1994). The DCM method records observations of the behaviours of an individual, in terms of Behaviour Category Codes (BCC). The observations were made in every 5-minute interval for a period of 3-6 hours. Within each 5-minute interval, one of the 24 BCCs that best described the displayed behaviour of the subjects was determined by a trained mapper. The mapper was a member of the welfare staff after attending a week's training in the DCM. A 6-point scale of Care Value was assigned to the recorded BCC according to the 'well-being' or 'ill-being' signs of the subjects. Nine elderly subjects with dementia participated in the study. Each mapper was assigned to follow two to three subjects. The DCM was conducted from 1:30pm – 7:00pm on the first day and from 7:00am – 1:30pm on the following day. Three sets of the 2-day mapping were conducted with 2-month intervals and the whole day management programme was implemented right after the completion of the first set of DCM. **Results:** The intraclass correlation of the DCM among the four raters on a subject was 0.83. It was found that the distribution profile changed from a cluster at 'idling' (BCC of 'C') and 'sleeping' (BCC of 'N') in six out of nine subjects to a spread of engagement among the 24 categories of BCC in all subjects after the 4-month period of implementing the whole day programme. **Conclusion:** The implementation of whole day management with a 'person-centred' approach for elderly clients with dementia results in a positive outlook in terms of the respect of personhood as measured by the DCM method.