

MCST Service Standards

This document is intended to support the delivery of the Age UK Dementia MCST Programme.

This Service standard sets out the expectations for the implementation of the Dementia Maintenance Cognitive Stimulation Therapy (MCST) intervention as a service model (“**the Service**”). It is designed to ensure that local partners identify and understand the key activities and processes that need to be undertaken for the Service to be delivered safely, effectively, and sustainably, and ultimately to a high quality.

It will remain a “**living**” document that will be updated as we learn more about how best to deliver this service.

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1: Aims of the Service

The Age UK Dementia MCST Service aims to provide a range of activities that actively stimulate and engage people with mild to moderate dementia, whilst providing a generally positive experience and the social benefits of a group. In particular, the service's aims are:

- Improved wellbeing for people living with mild to moderate dementia through greater access to MCST-based interventions.
- Improved wellbeing for carers of people living with mild to moderate dementia through respite and peer support provided by greater access to MCST-based interventions.
- Improved knowledge, skills, and confidence in delivering MCST-based intervention/s for staff and volunteers.

2: Scope

The Service should appeal to a broad range of people with mild to moderate dementia and mild cognitive impairment to respond to their needs and diagnoses. Local partners are expected to deliver two weekly groups. The Age UK Dementia MCST Service should be delivered either:

- in the community, in venue based and face-to-face small groups for four to ten clients, though eight is optimal (based on learning from the pilots) for 1 – 2 hours; or
- in the home and virtually using a range of technologies for 45 minutes with four to five clients to allow for optimum visual display of other members' cameras, and to enable the participation of all group members.

It is important to note that Dementia MCST is a specific, NICE-approved intervention¹. There are many other interventions offered to older people living with dementia, but this guidance relates solely to the delivery of the Dementia MCST Service.



3: Key expectations of the Service

Underpinning any service is the need to ensure GDPR compliance, including consent and clear record keeping, but there are also specific expectations and processes which must be followed in delivering this Service to ensure that it is managed consistently and effectively:

- The groups must be facilitated by two people who have completed training in the MCST intervention.
- The Structure and format of the sessions must follow the MCST methodology, for example as set out in the CST guides **'Making a Difference 2'**.
- This Programme focusses on 'maintenance' and retention of clients' cognitive functions for as long as possible. As such, the expectation is that groups run for a minimum of 24 weeks, with the intention that the learning from these two groups is used to establish a long-term and sustainable service offering for people with mild to moderate dementia and mild cognitive impairment.

It is important to determine the minimum and maximum number of clients per group but allow for some drop out due to illness or deterioration of the client's condition.

4: Recommended session structure

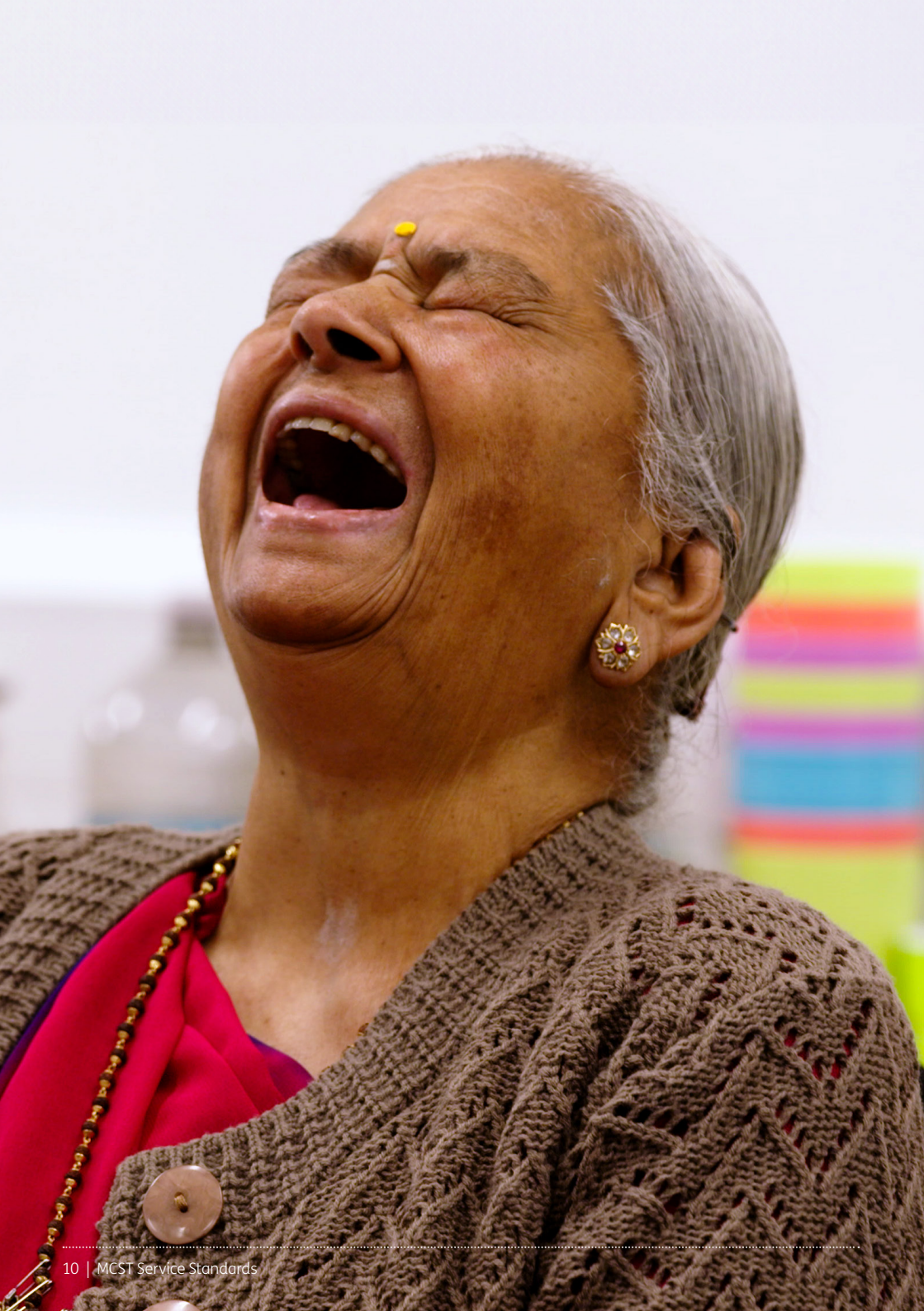
The session structure is generally broken down as follows:

1: Introduction

2: Activity/ activities, which could include:

Circuit Dancing	Indoor Bowls	Dominoes
Quoits	Indoor Golf	Quizzes
Air Tennis	Indoor Darts	Sensory stimulation
Seated Exercise	Skittles	Using My Life software
Reminiscence activities	Origami	Pet therapy
Guided storytelling	Colouring	Singing
Floor parachute	Cooking	Ukulele
Music mobilisation	Musical bingo	Art classes and crafts
Guided meditation/ mindfulness	Board games	Playing cards

3: Wrap-up



5: Staff Competence and Training

Supporting older people with dementia, as well as their families and carers, requires a unique skillset, facilitation skills in a group setting and an ability to help people to relax, enjoy themselves and to feel at ease. Attitude and experience are therefore key in selecting appropriate staff to deliver this Service, which also provides an opportunity for professional development.

Age UK's ambition is to ensure that all local partners are dementia friendly to enable older people with dementia to confidently access the help and support that they need. Local partners delivering this Service must ensure that at least two members of staff undertake training in the MCST intervention before delivery of the sessions can begin, which will cover the different techniques required depending on whether the groups will take place virtually or in-person. Having two members of staff trained ensures that there is contingency support, for example to cover holidays or sickness, particularly during the pandemic.

If a trained member of staff leaves and is replaced, it is expected that a new member of staff will complete the training before taking over the delivery of the groups.

The Service must provide evidence to demonstrate that all staff are competent to undertake their role. Local partners should ensure that an internal programme for learning and development is in operation and that all staff participate in regular line management supervision.

ROLES

As outlined above, the MCST groups should be delivered and facilitated by at least two trained people, this can be fulfilled by one or both of the following roles:

PROJECT LEAD(S)

The Project Lead will manage and support the clients during the session, ensuring the sessions are stimulating, enriching and fun. The Project Lead will also be responsible for ensuring that the standards and quality of the Service are met, which includes completing the necessary monitoring and evaluation activities.

VOLUNTEERS AND OTHER STAFF MEMBERS

One Project Lead supported by a co-facilitator, who can be another member of staff or volunteer, will help during sessions. For example, to support those who are less able to work constructively in a group setting and who may need/ respond better to one-to-one support.

Volunteers could undertake a variety of roles depending on their skill set. Volunteers should receive training specific to their roles. Note that Employment Law states that where a volunteer undertakes the same role as a paid staff member, this constitutes substitution and may be legally challenged, therefore, volunteers should perform other duties or roles and supplement paid roles.

MCST may be a charged for Service, irrespective of whether an activity is provided by a volunteer or not. Local partners should therefore ensure that the quality of the service is in no way lessened because it is provided by a volunteer, the consistency of service is more important than the type of worker a person is.

6: Accessing the service

It is essential to assess people's levels of ability before they join the Service to ensure that MCST is suitable for that person and make sure the group dynamic will be right. As outlined before, someone may be eligible to access this Service if they have:

- Mild to moderate dementia
- Are aged over 50 and have a need for small group activities and socialisation (though exceptions can be made for people under 50, for example early onset dementia)



7: Initial assessment of clients

Conversations should be had directly with the person with dementia, and if relevant their carer to get a proper understanding of how that person would cope with the group and the environment. These assessments can be done either remotely, via the telephone, or face to face if safe to do so and should include general health along with any specific issues or risks, such as medication.

It is not essential that someone has a formal diagnosis, and it would be a shame for them to miss out simply because it is not formally diagnosed, for example through fear of the stigma associated with dementia. Our recommendation is therefore that people ‘*meet criteria*’ for dementia. One example of a simple screening tool is the Mini-Cog which is commonly used to assess memory.

You can find guidance on how to use the tool [here](#).

Having similar levels of capabilities and ability to participate will allow the groups to bond and work together more easily, and clients will gain the most out of the sessions. Some other key considerations include:

- Does the person have a severe hearing impairment (even with any aid)?
- Does the person have a severe visual impairment (even with glasses)?
- Is the person too agitated to remain in the group?
- Does the person have severe physical health problems that will affect their ability to attend the group?
- Is there a language barrier?

If the answer to any of those questions is ‘yes’, they may be unlikely to benefit from the group programme and may need other forms of support. In this scenario, it is important that the person can be referred to alternatives.

SELECTING THE RIGHT DELIVERY METHOD FOR THE CLIENT

The initial assessment should also help identify whether the client is more suited to participate in face-to-face or virtual groups. Some considerations to factor in include:

- Does the client have access to digital hardware and connectivity to access the session?
- Does the client have the digital skills needed to access the session (either themselves or via a person who can help them)?
- Does the client have access to transport to get to the venue for a face-to-face session?
- Does the client have any additional needs (e.g., communication, mental health conditions, mobility issues) that may be better met through either face-to-face or virtual delivery?
- Does the timing of the sessions make face-to-face or virtual preferable in relation to other activities the client wishes to engage in?

REFERRALS

The service will be open access based on the above criteria, subject to availability. It is expected that people will self-refer to the service, and be referred by another agency or health professional, such as (but not limited to) a Memory Clinic, Admiral Nurses, Dementia Practitioners, and other Age UK services.

EXCLUSION CRITERIA AND 'REASSESSMENT' OF NEEDS

Given the specific nature of the MCST intervention, this Service will not be suitable for everyone. For example, in undertaking the assessment of the client, it may become clear that someone's dementia is too advanced and therefore they should be referred to other services more suited to their needs.

Equally, as dementia is a progressive disease, it will be important to review someone's suitability for the group on an ongoing basis. Local partners should be open with the client and their carer about this from the outset to help manage their expectations as there might be a natural point for that person to stop attending group sessions if MCST is no longer benefiting them.

BOOKINGS AND PAYMENT

One way in which you can ensure that this becomes an on-going sustainable service is to charge the clients to attend the sessions, and it is important to ensure your processes are easy to manage and follow. Consideration should be given to the technology required to do these online and/or electronically. Try to be flexible and choose the methods that are easier for the client, not the organisation. Charging a month in advance offers advantages and means that any cancelled activities could be rescheduled or offered as a credit without the need to go through a refund process. If you do have a Cancellation Policy, ensure it is understood by the client before they begin engaging with the Service.

ADVICE AND INFORMATION

The Age UK Dementia MCST Service brings added value as it provides a gateway to other core Age UK services e.g. I&A, befriending and foot care etc. This might be particularly relevant if a person finds the service unaffordable. In this instance, your I&A service could undertake a benefit check to ensure they are receiving the correct benefits.

Clear, accessible, and inclusive information about any other services offered by your organisation needs to be available to potential and established clients.

8: Governance and quality

Local partners must ensure that robust governance processes are in place to include reporting internally to their Boards of Trustees and senior staff on key quality data such as complaints, safeguarding, and incidents.

STANDARDS

We aspire to ensure that the Dementia MCST Service is of a high standard.

Our aim is that the Service should adopt a continuous improvement ethos to measure and adapt to learning events, such as safeguarding, complaints and serious incidents. We will provide your organisation with a set of Standards for the Service, Age UK Core Standards, and a self-assessment quality audit tool so we can work with you to *'test and learn'* not only what is important and useful for this Service but also inform the development of future service standards that are to be co-produced with the network as part of the Quality Review process and Network Development Programme.

LEADERSHIP AND MANAGEMENT

The local partner must ensure it has effective leadership, management, and governance of the service and that it is a high-quality service that is based around individual needs. Several elements are involved in providing a well-led service:

1. Staff need to be fully and appropriately trained and receive regular supervision. Staff supervision should include questions to test empathy. Observation of the service, via a manager attending sessions, will allow an assessment of service delivery and staff behaviors to assess if staff involve treat clients and their families with compassion, kindness, dignity, and respect.
2. Documented team meetings should be held regularly to outline service achievements, issues and pass on compliments from clients.
3. A clear team/service structure should be in place with roles and responsibilities laid out in a clear and concise manner.
4. Staff delivering the service should be aware of all the relevant organisational policies and procedures that they need to adhere to (for example but not limited to safeguarding; health & safety; equality, diversity & inclusion; data protection etc.).
5. A monitoring and reporting framework needs to be in place to collect information related to safeguarding, complaints, and incidents.
6. Client feedback should be regularly sought through formal means, as well as informal.



9: ‘Statement of Service’ to the client

It is advised that the local partner provides a ‘*Statement of Service*’ to the client and their carers to provide a clear service description and manage all parties’ expectations of the service. For example, this could refer to the eligibility criteria for the service and the importance of a regular commitment to attending so as to positively contribute to the group dynamic (noting that absence will be expected from time to time). It should also let clients and their carers know who to contact if they have any concerns, comments, complaints and / or compliments about the service.

In addition, each client should have a written support plan identifying their particular needs and wishes so that staff and volunteers are aware and can plan their delivery of the service and engagement with the individual appropriately. This should include any specific communication requirements for the client.

Consent to store personal data, media consent and to receive the service must be obtained in writing, signed, and dated. Copies of the consent form/client signature should be included in the person’s plan. If the person is not able to give consent due to a lack of capacity to understand what the service is for, it could be given by the next of kin if they possess Power of Attorney for Health & Wellbeing. Failing this, then consent would need to be given by a Best Interest Group. Training and competency are required within the team to manage this.

Local partners must ensure that information relating to clients is safeguarded and takes account of:

1. Client confidentiality
2. Consent to use of information
3. General Data Protection Regulation

10: Contract or Service Level Agreement

Aside from the Support Plan, each client should receive a copy of a contract or Service Level Agreement. This needs to contain certain essential information regarding the service, payment and cancellations and any process to collect debt.

1. Service: The service will be delivered as per the person's support plan. Any changes to this will need to be discussed with the local partner before being agreed to
2. Payment: This will detail how the service is to be paid for – in advance, in arrears, by cash/card etc.
3. Cancellations and Debt Collection: If a Cancellation Policy is in effect i.e., the fee is forfeit if the session is not cancelled at least 24 hours beforehand, then it should be described here in terms that are easily understood by the client. Furthermore, the process for collection of any unpaid debt should also be described, so that clients are aware from the start what the organisation's attitude to bad debt is and that it may be pursued



11: Reviews or audits of the service

Local partners should complete a self-assessment quality audit tool, the Age UK Core Standard assessment tool and do this on a bi-annual basis. The tool will be added to these standards when complete and guidance provided on its use. (the Age UK Core Standards are included in the MCST Toolkit).

As part of this, local partners need to record some service quality data, such as numbers of Safeguarding Alerts, complaints, and Serious Incidents etc. These can be accessed through the Age UK Portal.

Local partners are expected to have regular internal quality meetings to discuss the above data and demonstrate continuous improvement.

SAFEGUARDING

The Service will deal with incidents in line with the network's own policies and handle any Safeguarding Alerts in line with the relevant Local Authority's procedure. Safeguarding Alerts, complaints, and Serious Incidents advice can be found on the Age UK Portal.

CLIENT SATISFACTION

The local partner is expected to conduct satisfaction surveys with clients and their carers to ensure continuous improvements can be made to the delivery of the service, and to understand their longer-term support needs to inform the design of future service strategies. Within the Age UK Core Standards there is the Core Standards Self-Assessment tool.

RISK MANAGEMENT AND HEALTH AND SAFETY

Local partners should demonstrate an appropriate system for recording, monitoring, and reporting of risk issues and adverse events.

Any clients whose needs change or whose requirements of the service change, should have a new risk assessment completed.

General health and safety need to be considered for both venue based and home visiting services. This should include assessments of equipment, travel, the person's home, and lone working.



12: Financial modelling

COSTING GUIDANCE

Costing should come **before** Pricing. Several key factors need to inform costing decision making:

- The Service will adhere to national regulation on staff pay and ensure that staff are paid at least the National Living Wage. It is important to note that NI, pensions and cover for holiday and sickness, training and bank holidays need to be factored into the costing of a service. A single staff member cannot provide a service 52 weeks per year.
- Average organisational sickness levels should be factored into costing, as these may impact on true workforce costs in terms of cover costs and lost revenue.
- It is good practice to review costs at least bi-annually as salary costs and other expenditures may change over time.
- In calculating costs of training for staff, remember there will be a cost even if the training is free as there is a time implication i.e., covering for staff who are on training, the cost of staff time where training is required.
- Overheads need to be understood by the organisation and challenged if they seem too high to make a service sustainable.

PRICING

Revenue is the income that a local partner gains from the Service, for example from the sale of the service to clients. Revenue is based on the assumption of the number of clients that the service will be provided to per day/week/month. This is calculated from the pricing data.

Venue-based sessions will need to be priced on the number of people attending. For example, the optimal group size is eight for face-to-face MCST groups and so the pricing should be based on that, with all the appropriate costs for staff and resources etc. based around a group of 6.

Cancellations and the processing of refunds should be considered. A policy for cancellations is required. If sessions are charged for in advance (something which has advantages for both client and organisation) then a cancelled session can just be rebooked or changed to a different activity rather than a refund processed. This is much easier for both parties.

FULL COST RECOVERY

Full Cost Recovery (FCR) is important because it ensures the resources are there to allow the organisation to be sustainable, positive, and able to focus on the provision of effective help for older people. FCR requires knowledge of the service’s cost base and overheads so that an effective charge can be calculated. Prices for services need to ensure all costs are covered, including overheads. Any shortfall will need to be accounted for and how it will be funded or offset by contingency funds, made clear. Age UK has produced a Full Cost Recovery Manual to help guide you through establishing full costs. The Manual can be found [here](#).

Three key types of Cost need to be calculated to develop a sound price: Direct Costs, Direct Support Costs and Indirect Costs or Overheads. Examples of these are broken down as follows:

Direct Costs: These include the costs of staff and activities which can be directly linked to the service, i.e. salaries for staff, travel costs, insurance, etc:	
Dedicated MCST Staff (for example Support Workers, Service Manager.)	<ul style="list-style-type: none">• Salaries/pay including cover costs of annual leave and sickness.• NI and pension contribution• Travel costs reflecting HMRC rules• Training costs• Volunteer expenses
Equipment	<ul style="list-style-type: none">• PPE and Infection Control including Sanitiser Dispenser• Any activity related equipment

Marketing	<ul style="list-style-type: none"> • Hard copy marketing collateral • Postage for marketing mail shots, posters and leaflets
Venue	Whole or apportionment venue costs including hire/insurance etc. cleaning
Insurance/Registration	

Direct Support Costs: These are shared costs, such as property or managers.

Staff (for example, Receptionist/Admin)	<ul style="list-style-type: none"> • Apportionment of salaries including cover for costs of annual leave and sickness – this should include time taken to supervise etc. • Apportionment of pension contribution • Apportionment of travel costs • Apportionment of Training costs
Marketing	<ul style="list-style-type: none"> • Apportionment of any shared marketing costs • Apportionment of Age UK client satisfaction survey costs
Public Liability insurance	Share of Organisational insurance and governance costs

Indirect Costs: These are the costs which cannot be directly identified with the service

Finance	<ul style="list-style-type: none"> • Staff costs • System costs
IT or technology	<ul style="list-style-type: none"> • System costs • Telephones and computer hardware
General Administration	Staff costs
HR and recruitment	Staff costs
Charity governance	Staff costs- line management costs

13: References

Reference Number	Reference Information	Page Number
1	NICE recommendation available here .	6



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