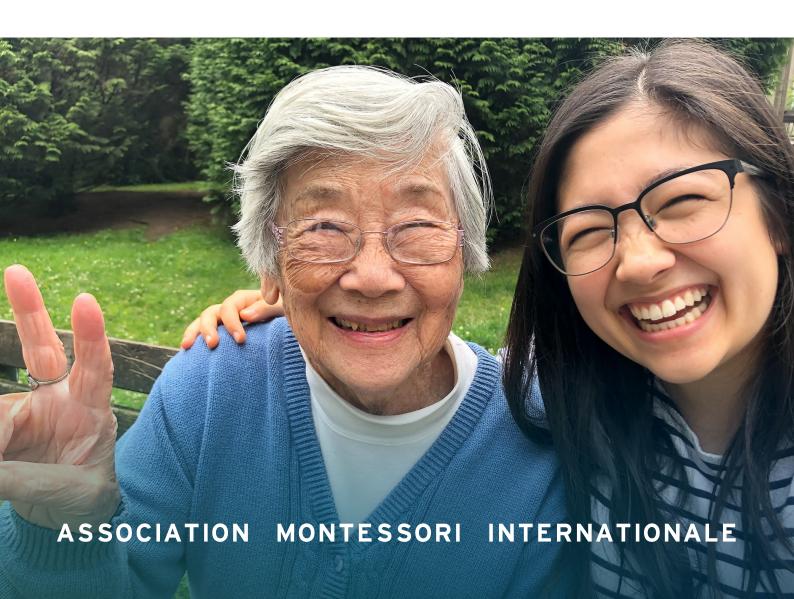


AMI MONTESSORI FOR DEMENTIA, DISABILITY AND AGEING

GLOBAL ACCREDITATION PROGRAMME



MISSION

We are dedicated to creating Montessori care communities that provide optimal social, emotional and cognitive support and activities for adults including those living with dementia and other disabilities.

A Montessori care community is defined as any setting that provides care and support such as shared residential settings, long term care, day respite, home care, group homes and acute care.



We strive to implement the following Montessori Quality Standards:

LEADERSHIP

- All aspects of the Care Community are guided by our mission.
- The Care Community's leadership encourages the individual to be actively involved in all decisions related to daily life.
- The leadership has established and utilises admission policies and practices that support our mission.
- Multi-disciplinary teams are created, with a commitment to working together, with the purpose of meeting the needs of each person in their care.
- The leadership uses effective communication tools to give everyone (e.g. team members, families and persons receiving care) a full understanding about the Montessori approach for adults including those living with dementia and other disabilities.
- There are financial commitments to budget allocations for best practices training and resources.
- The Care Community employs a multidisciplinary team that has been trained by a certified AMI Montessori for Dementia, Disability and Ageing Trainer.

TEAM MEMBERS

- Team members display attitudes and behaviours of caring, respect, calm and patience.
- Team members actively seek out and create opportunities for persons receiving care to act independently, exercise choice, move about with freedom and engage in activities of interest.
- Observation is utilised as a key tool for reflection and identification of individual needs.
- Team members involve individuals in daily tasks as appropriate.
- Team members collect, maintain and use a comprehensive individual profile of needs, interests and strengths.
- Team members use positive, supportive verbal and non- verbal communication techniques.
- Team members involve the individual and those with a significant relationship to the individual (when applicable) in care plan development and review.
- Team members are trained in AMI Montessori for Dementia, Disability and Ageing.
- The Care Community has made a formal commitment to a culture of continuous improvement.

MONTESSORI PREPARED ENVIRONMENT

- The prepared environment is organised and aesthetically pleasing. It provides enticement to engage with dedicated interactive spaces allocated for activities.
- There are appropriate cues and modifications to the environment to support independence and self-initiated activity.
- The environment offers a full complement of appropriate Montessori-based multi-sensory materials, resources and activities that are accessible at any time.
- The environment offers different space and seating for quiet contemplation, reading, intimacy and socialisation.
- Meals provide opportunities for choice, social connection and independence.
- Individuals have easy access to safe, interesting and inviting outdoor areas.

AMI Montessori for Dementia, Disability and Ageing Global Accreditation Programme has been developed to partner with and support all adult care services providing Montessori environments. It aims to engage these services in a process of review, improvement and maintenance to ensure the highest level of Montessori experiences for people receiving care services that they believe to be Montessori in nature.

The emphasis for the Global Accreditation Programme is on continuous improvement for quality outcomes. It highlights Montessori indicators for quality practice and supports these with a model of mentoring and professional development. The AMI Montessori for Dementia, Disability and Ageing sub-committee (MDDA) administers the Global Accreditation Programme. The AMI Montessori for Dementia, Disability and Ageing website (montessoridementia.org) will list all services participating in this accreditation programme.

WHY SHOULD MY CARE COMMUNITY PARTICIPATE?

- To promote and increase confidence in the provision of high-quality Montessori environments for current and prospective families.
- To inform families of quality practice and delivery of Montessori environments.
- To assist team members with the development of a culture of continuous reflection and improvement leading to

THE AMI GLOBAL ACCREDITATION PROCESS (AMIGAP)

1

Sign and Commit to Mission

Apply as a Care Community to join the programme and pay the application fee. Sign a copy of the AMI Montessori for Dementia, Disability and Ageing Global Accreditation Programme Mission. This is to be displayed at the Care Community.



session.

Orientation and Induction



Care Community
Self-Audit

The Care Community is listed on the AMI Montessori for Dementia, Disability and Ageing website, montessoridementia.org as "applied".

APPLIEDHave completed steps 1, 2 and 3.

PARTICIPATING

Team members to be given

an orientation and induction

Upon completion of steps 1,2,3 and 4 and participation in the mentoring phase of step 5.

A minimum of one month's notice will be given prior to an assessment visit. The Assessor will make contact beforehand to book and plan the onsite visit and forward guidelines and the documentation required. The length of the visit will depend on the size of the care community. A full assessment report will be provided within one month of the visit.



Submission and evaluation of relevant documentation

Complete and return the self-audit report and all required documentation. Payment of audit fee.

The assessor will make contact to plan and book the onsite audit following a successful self-audit and documentation review. The Care Community will be assessed using the Quality Standards.



Self-Audit and Documentation Report



Assessment Visit

Documentation is reviewed and Care Community is notified of any action needed.



Feedback and results

ACCREDITED

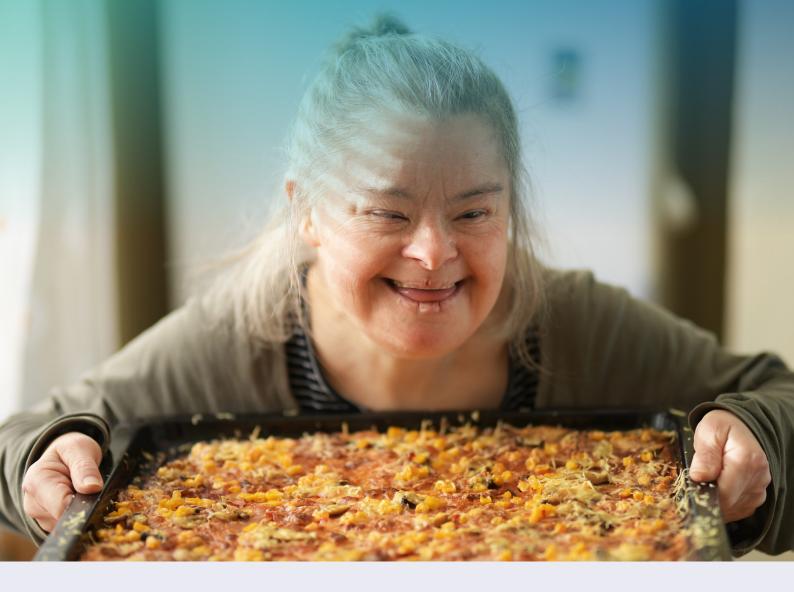
The care community has been assessed to be meeting the quality standards. Assessment visits will be required every three years to maintain Accredited status.

Accreditation is awarded to a care community who has demonstrated through external audit that all requirements of the MDDAGAP Quality Standards are being met. All Requirements must reach the level of 'Conformity'. For Requirements that have been rated through external audit as 'Minor Corrective Action Request', the care community must demonstrate to the external auditor evidence of corrective actions acceptable to the auditor before accreditation can be recommended. A rating '0 – Major Corrective Action Request' will preclude accreditation.



Annual Quality Improvement Plan and Reporting

Once "Accredited" the Care Community will be required to have an assessment visit every three years to maintain accreditation, in addition to completing an annual quality improvement plan. A yearly accreditation fee is required to keep the accreditation current.



PROMOTION

All accredited care communities will be listed in the Quality Montessori Environments directory on the AMI Montessori for Dementia, Disability and Ageing website. Accredited care communities may display the applicable AMI logo on their website and promotional materials.



FEES

For details of the fees associated with the application and assessment process, please visit the accreditation section of the AMI Montessori for Dementia, Disability and Ageing website at: montessoridementia.org

THE QUALITY STANDARDS

Standard 1

LEADERSHIP

Leadership is fundamental to the success of any Montessori community.

Sta	ndard	Indicators
1.1	All aspects of the organisation are guided by our mission.	 The organisation's mission and vision statement is person-centred. The values of the Mission are embedded in the organisation's strategic and operational plans. Team members can clearly articulate and demonstrate how the mission is carried out in their job responsibilities. Individuals and their families understand that there is an expectation that their experiences will be based upon Montessori for dementia, disability and ageing care values. The leadership creates sense of community in which those with a significant relationship to the individual feels they are welcome to participate in daily life.
1.2	The organisation's leadership encourages the individual to be actively involved in the decision making related to daily life.	 The organisation has an effective method for collecting information about the individual's preferences related to meals, personal care, activities and meeting personal needs. The organisation has an effective method for making information about the individual's preferences available to the team, including care plans or information provided in the environment. The organisation has an effective practice for implementing the individual's preferences.
1.3	The organisation's leadership has established and utilises admission policies and practices that support the aim of the Mission.	 The organisation has a written admission policy that reflects the aim of the Mission. The organisation's admission tools collect multi-disciplinary information about the individual's needs, interests, abilities, and personal preferences. Consent is collected at entry point regarding the sharing of the individual's personal information for the purposes of maintaining independence and personhood. This includes consent for wearing a name badge and posting name plaques or photographs on room doors as well as for listing information regarding the individual's roles, routines and activities in public areas.
1.4	Multi-disciplinary teams are created, with a commitment to working together, with the purpose of meeting the needs of each person in their care.	 Multi-disciplinary teams composed of staff from all departments are self-managed and are supportive and responsive to needs of other team members. Team members reliably work to incorporate individual needs and preferences of individuals into their schedule. Staff are consistently assigned to care for the same individuals.



1.5 The organisation's leadership uses effective communication tools to give everyone (e.g., team members, families, persons receiving care) a full understanding about the Montessori approach for dementia, disability and ageing care.

- Montessori for dementia, disability and ageing care information is readily available prior to and during the admission process.
- Indicators of Quality Practice for Montessori for dementia, disability and ageing are available to visitors and those with a significant relationship to the individual.
- The organisation maintains on-going communication about the nature of the Montessori approach for dementia, disability and ageing care.
- Montessori for dementia, disability and ageing information is provided in the organisation's advertising.
- Family education programmes are effective and scheduled in a manner that enables most with a significant relationship to the individual to attend.
- 1.6 There are financial commitments to budget allocations for best practices training and resources.
- Leadership of the organisation supports the prioritising of Montessori for dementia, disability and ageing by allocating enough funds to purchase adequate supplies and materials.
- Leadership of the organisation allows team members as well as persons receiving care to have input and make decisions about department budgets related to Montessori for dementia, disability and ageing supplies.
- Leadership of the organisation allows team members to have input and make decisions about department budgets related to Montessori for dementia, disability and ageing professional development.
- 1.7 The organisation employs a multidisciplinary staff that has been trained by a certified AMI Montessori for Dementia, Disability and Ageing trainer.
- Representation from all departments in AMI Montessori for Dementia,
 Disability and Ageing training.
- An ongoing commitment exists by the organisation to maintain a level of 60% of staff with AMI Montessori for Dementia, Disability and Ageing training.

Standard 2

TEAM MEMBERS

A well trained, engaged and respectful team is fundamental to the success of a Montessori community.

Standard	Indicators
2.1 Team members display attitudes and behaviours of caring, respect, calm and patience.	 Respectful language is used by team members at all times. Communicative interactions are appropriate for the individual's culture, diversity, religion and age, and include courtesy, positive statements, use of preferred name, inclusive language and physical demonstrations to facilitate understanding. Team members work in a way that respects the pace at which the individual is functioning focusing upon the person rather than on completing the task. Team members are cheerful, helpful, compassionate, reassuring and caring. Team Members are observed meeting the psycho-social needs of the individual.
2.2 Team members actively seek out and create opportunities for persons receiving care to act independently, exercise choice, move about with freedom and engage in activities of interest.	 Individual's independence is protected and encouraged. Team members allow enough time for individuals to complete tasks independently. Task breakdown, sequencing and schedules are used to promote independence. Care plans reflect the individual's strength and abilities and document skill maintenance/enhancement. Team members offer choice in all aspects of living. The individual's strengths are used to develop activities and roles.
2.3 Observation is utilised as a key tool for reflection and identification of individual needs.	 Observations are used to identify the individual's changing care needs. Observations are recorded on a regular basis by the multidisciplinary team. Care plans are reviewed regularly and reflect the individual's changing needs, abilities and preferences.
2.4 Team members involve individuals in daily tasks as appropriate.	 Individuals are assessed for strengths, needs and interests, and from these, activities and roles are encouraged and developed. Multiple opportunities are offered on an ongoing basis for individuals to engage in roles and activities in which they are interested. There is support as needed to help individuals participate in activities of interest. There are resources which support spontaneous activities, which are actively encouraged by team members and the wishes of the individuals are honoured. Individuals are encouraged to be as active as they want in organising or leading these activities.

Standard	Indicators
2.5 Team members collect, maintain and use a comprehensive individual profile of needs, interests and strengths.	 Admission procedures include documentation of the individual's past and current personal information including needs, interests, lifestyle preferences, roles, skills, and abilities. Information is solicited from the individual and those with a significant relationship to the individual. Assessment tools include sensory, speech, language, reading and cognitive evaluations. Changes in behaviour are seen as triggers for reassessment. There is a process in place for regularly reassessing and updating information about the individual.
2.6 Team members use positive, supportive verbal and non-verbal communication techniques.	 Team members select and use communication techniques and materials according to the needs and abilities of the individual. Team members have training in communication and special needs of people living with cognitive and communication deficits.
2.7 Team members involve the individual and those with a significant relationship to the individual (when applicable) in care plan development and review.	 Individuals and those with a significant relationship to the individual are invited to and attend any discussion related to the individual's care. There are ongoing efforts to solicit information from individuals about the way in which they would like care provided. Changes or adjustments to programmes are made in response to feedback from individuals.
2.8 Team members are trained in AMI Montessori for Dementia, Disability and Ageing.	 Training is delivered by AMI certified Montessori for Dementia, Disability and Ageing trainers. A minimum average of 60% of all care staff have completed approved AMI Montessori for Dementia, Disability and Ageing professional development course. There is a significant number of AMI Dementia, Disability and Ageing certified staff to influence organisational change. The organization has AMI certified team members who are actively leading the Montessori implementation. Professional development is built into yearly schedules and paid for by the organisation. Introductory Montessori training is included in orientation for all new team members.
2.9 The organisation has made a formal commitment to continuous improvement of the implementation of AMI Montessori for Dementia, Disability and Ageing.	 A Montessori committee meets regularly to discuss opportunities for improvement. Feedback is regularly solicited from all stakeholders as part of a continuous improvement process. Implementation of Montessori standards is continuously monitored and a process in place for quality improvement and innovation. Insights from monitoring activities bring about subsequent improvements in care practices to enhance quality of life. An annual quality review process is in place. Team members serve as role models and mentors in the Montessori for Dementia, Disability and Ageing approach for both colleagues and new Team members.

Standard 3

MONTESSORI PREPARED ENVIRONMENTS

A supportive, well designed or modified environment is fundamental to the success of a Montessori community.

Standard 3.1 The prepared environment is · An atmosphere of respect, calm, and meaningful activity pervades organised and aesthetically pleasing. the environment. · Aesthetics and beauty are key components of things within It provides enticement to engage with dedicated interactive spaces the environment. allocated for activities. · Montessori activities are well displayed and maintained. · The areas are free from clutter and distracting objects. · The organisation makes an effort to involve the individuals in making decisions about the decoration of the spaces. · The organisation makes an effort to identify and provide the type of spaces individuals would like to be able to access for activities and these spaces are accessible to persons receiving care at times they want to use them. 3.2 There are appropriate cues and · Policies and procedures for the creation and use of signage, orientation modifications to the environment and communication supports, name badges, and schedules follow best to support independence. practice principles and are implemented across the organisation. · Task breakdown and routines are used to support memory loss and individuals strengths. · Visual supports for activity of daily living and leisure activities follow the Montessori principles. · All people in the prepared environment wear name badges (if culturally appropriate).

Standard	Indicators
3.3 The environment offers a full complement of appropriate Montessori-based multi- sensory materials, resources and activities that are accessible at any time.	 A variety of individualised and generic activity materials are accessible throughout the space that address the needs, interests, and abilities of the individuals in the community. Activity materials and signage invite engagement. Team members regularly check that the activity materials are complete and in working order. Montessori materials are in constant and regular use.
3.4 The environment offers different space and seating for quiet contemplation, reading, intimacy and socialisation.	 Spaces are available for both individual and group activities. Spaces are available for quiet reflection and intimate visiting. The furnishing reflects the purpose of the space. The furnishings meet the needs of the individual for comfort and ease of use. Spaces follow dementia, disability and ageing best practices. Individual spaces are personalised with items of furniture, photos and decor. Individuals feel that their space belongs to them and recognise items in their space as their own.
3.5 Meals provide opportunities for choice, social connection and independence.	 All food is clearly identified. Individuals are offered choice about where, when, and what they eat. Individuals are supported and encouraged to choose their own food. Individuals are offered choice of dining companions. Socialisation at meals is encouraged through the use of tools to support conversations if needed. Individuals are supported to be as independent as possible during meals using physical, verbal and visual cues and aids. Disruption to mealtimes is minimised (e.g., background noise, medication administration or other care procedures).
3.6 Individuals have easy access to safe, interesting and inviting outdoor areas.	 A variety of outdoor activities are provided. Outdoor areas are aesthetically pleasing and incorporate elements of the natural environment where possible. Outdoor areas are safe for walking and are wheelchair friendly. Exits to outdoor areas are easy to use and unlocked (depending on weather conditions). Comfortable and accessible seating is available in outdoor spaces.

Further information about the

Montessori Dementia, Disability and Ageing

Global Accreditation Programme can be found at:

montessoridementia.org

