



Elizabeth Lodge resident David stops for a chat during his regular morning walk around the care home's neighbourhood in Sydney's Kings Cross. David is one of several residents with dementia who use a GPS watch so they can safely enjoy the city they live in

### Bringing 'outside' in

The clear glass front doors to Elizabeth Lodge provided a ready vista to the road and the action of the very busy city outside. For residents with dementia, being able to see outside was an invitation to go outside. Except for the secure dementia unit on Level 3, Elizabeth Lodge is not a 'secure' home, in that doors open and close and visitors and many residents come and go as they please.

So how do we stop some residents from going outside whilst still maintaining their dignity and independence? There are no worse words for aged care residents to hear than 'no, you can't'. We are talking to grown people and we need to provide alternatives rather than directives, solutions that enable the resident to exercise choice rather than rules which impose our way.

Our solution was to fix a garden decal to the front doors so they were completely covered. We put up a sign saying 'Courtyard this way' and, with a yellow pathway painted on the carpet, this provided a new route for residents to take.

The 'path' takes them to the front patio, where a vegetable and flower garden grows, providing a sensory welcome as residents can come and sit, enjoy fresh air and see the sun whilst still enjoying the view of the traffic passing by on

the busy main road.

Since putting the decal on the front doors we have completely stopped exit-seeking behaviours. Of course there is also a sign in the courtyard inviting people to go for a walk by signing up for Walk N Talk.

### The dignity of risk

We have had to be creative, we have had to, at times, bring the outside in and provide a 'day out' for people, sometimes without them ever leaving the home. We have sought to provide residents with options to getting out and about that are supportive and enabling.

We do this by honouring those living with us, by understanding their need to continue to explore and understand their environment and also remain as independent as possible. This really boils down to knowing the person, and knowing that each person deserves our duty of care but, equally, deserves to exercise their own dignity of risk and make their own choices to participate in ways that are meaningful to them in their home.

We need to finely balance the responsibilities of an institution with the very real needs of residents to always feel at home. Being actively and obviously locked in is not, and can never be, home. ■

■ *Rae Blackledge is Village Manager at Elizabeth Lodge. Contact her at: raelene.blackledge@anglicare.org.au*

# Making Moments Matter: 'Butterfly' model sees positive results

The Salvation Army Aged Care Plus is seeing positive outcomes from a trial of The Butterfly Household Model of dementia care, with interim results showing a reduction in expressive behaviours, falls, psychotropic medication use, and increased pain level stabilisation among residents. **Kerry Schelks** reports

**A**ged Care Plus implemented The Butterfly Household Model of Care in July 2016 at its Mountain View Aged Care Plus Centre at Narrabundah, ACT and The Cairns Aged Care Plus Centre at Chapel Hill, Queensland, with plans to roll it out across other Aged Care Plus centres upon successful completion of the 12-month trial.

The model, developed in the UK in 1995 by Dr David Sheard of Dementia Care Matters, focuses on enablement rather than dependence, moving away from traditional task-focused care and routines to an approach where 'feelings matter most' and involvement in domestic activities gives residents a sense of purpose. Residents live in small households with others who are at a similar stage of dementia.

In 2016 Aged Care Plus was one of two aged care organisations in Australia selected to implement the model, which it calls Making Moments Matter. The other is Barunga Village in Port Broughton, South Australia. The three trial sites were chosen after more than 40 facilities responded to an expressions of interest invitation from Dementia Care Matters.

### The results

The interim results from the first six months of the trial at the two

Aged Care Plus centres show:

- Significant reductions in residents' expressive behaviours – 100% reduction at Mountain View Aged Care Plus Centre and 25% reduction at The Cairns Aged Care Plus Centre at Chapel Hill.
- Reductions in resident falls – 85% decrease (Mountain View Aged Care Plus Centre) and 67% decrease (The Cairns Aged Care Plus Centre at Chapel Hill).
- Decreases in the number of residents requiring psychotropic medication – 33% decrease (Mountain View Aged Care Plus Centre) and 10% decrease (The Cairns Aged Care Plus Centre at Chapel Hill).
- Substantial increases in pain level stabilisation – 60% stabilised at both centres. Aged Care Plus attributes this to improved quality of life as a result of residents' increased physical activity and contentment.

### The first six months

The first six months of implementation has seen physical, cultural and environmental changes in the Aged Care Plus centres.

Residents' living arrangements and routines have been reorganised so they now eat and socialise with those at a similar stage of dementia. A



**The environment is more relaxed and home-like for residents and staff at Mountain View Aged Care Plus Centre (left) and The Cairns Aged Care Plus Centre at Chapel Hill (right). Both centres have implemented The Butterfly Household Model of Care, which focuses on enablement and involving residents with dementia in domestic activities that give a sense of purpose**

no-uniform policy has been introduced, with care staff wearing everyday clothing to work.

Changes to the interior of the homes are under way, including structural changes to create more home-like environments. Living areas in the memory support units have been painted in vibrant colours to allow greater independence for those with a decline in colour vision. The contrast between walls and floor makes wayfinding easier and reduces the risk of falls.

Scheduled routines have given way to a flexible approach, in which residents participate in activities they feel like doing at a given time. Social areas have become more intimate to enhance social engagement, and household items such as doilies, hat stands and knick-knacks have been introduced to replicate the essence of home and familiarity. Residents are now involved in domestic duties as they desire, giving people a sense of purpose and value. Meals are shared with staff, reflecting the quality family time previously familiar to many residents.

Staff have also undertaken intensive training focused on improving emotional intelligence to better connect with residents. Further training is scheduled to complete the emotional intelligence and person-centred care delivery function of the model.

Construction will take place

in the next six months to create fully functioning small households featuring domestic kitchens and laundries where residents can carry out daily tasks.

### **Making emotional connections**

Aged Care Plus Executive Manager – Care Services, Peter Bewert, said the interim results demonstrate that caring for the physical is not the only consideration to make when caring for people living with dementia.

“The value of replacing task-orientated care routines with relaxed home-like experiences, where staff are considered to be an extension of family cannot be underestimated. The benefits of emotional connectivity have had a significant impact on physical, psychological and social wellness. In essence, we’ve been able to quantify that love, peace, joy and hope are key to quality of life and this is achieved through Making Moments Matter,” Mr Bewert said.

“Within the experience of dementia, you continue to retain your emotional awareness and overwhelmingly the most powerful emotion is love. Making Moments Matter represents the ability of our staff to tap into those real emotions and make them matter. The results we have seen over the last six months are evidence that these

moments are being achieved and thus improving residents’ lived experience.

“The essence of the care model is about feelings. It allows both staff and residents to be themselves, to break down the barrier of age and create a safe home environment. It taps into the spiritual essence of the individual and forces us to live in the moment rather than see the day with a task orientation mindset. At the end of the day, traditional care disempowers the individual and we knew this needed to change.”

Amanda Jackson, the daughter of Sue Jackson, a resident of Mountain View Aged Care Plus Centre, said she could already see how the program was providing greater quality of life for the residents when compared with the older programs: “They are engaged and welcomed into a new home and I can see they are no longer bored or reserved. The Making Moments Matter project has created a team of very committed, empathetic and compassionate staff ... and it’s created a fantastic foundation for all the new processes and activities they have been introducing.

“Physically, Mountain View Aged Care Plus Centre has also experienced change. It’s so light and airy now with a sense of home. Mum has had a number of falls in the past, running into the walls. But now with the bright colours being painted, she can actually distinguish

between the floor and walls. I also believe it’s had an emotional response. It feels less institutionalised and I love to come and visit.”

### **Challenges in introducing the model**

Peter’s greatest concern was how people would react to the new model: “It’s so different and really asks a lot of the staff and even the families involved. Staff need to be vulnerable and aware of their own emotions and be able to recognise others’ emotions.

“We need to find the balance between being involved with people and acknowledging there are tasks to do, but looking at collaborative ways of doing these together, to increase meaningful interactions and provide value and purpose to our residents. This involves unlearning old routines and training, which for some has been a real challenge.

“Despite these challenges, we’re still on track, with staff embracing the change and stepping willingly onto the journey.”

### **Call for expressions of interest**

Dementia Care Matters is seeking three more facilities in Australia to adopt The Butterfly Household Model of Care approach in 2017. Interested providers can contact Dr Sheard at david@dementiacarematters.com. In addition to the three Australian sites already operating, there are 44 Butterfly Care homes in the UK, three in Ireland and three in Canada. ■

**The Butterfly Household Model of Care checklist of practical ideas for achieving quality of life in care homes is freely available to download at:**  
<http://bit.ly/2mzZEnd>.

**You can also read David Sheard’s previous article in AJDC describing The Butterfly Household Model of Care checklist for culture change, at**  
<http://journalofdementiacare.com/inspiring-action-checklist-for-culture-change-in-aged-care/>

*Kerry Schelks is AJDC Managing Editor*