The Butterfly effect

This year Barunga Village became Australia’s first accredited provider of The Butterfly Household Model of Care – a model requiring organisations to undergo a major culture change in dementia care. Louise DeWolf reports on the home’s 12-month transformation

Barunga Village is a residential aged care facility in Port Broughton, north-west of Adelaide, South Australia, and has been operating for more than 20 years. Over the past 12 months, the village has made major changes to the way it cares for people living with dementia.

In early July, Barunga Village underwent a rigorous grading process and received the Butterfly National Accreditation Kitemark Quality of Life Award, at Level 1, the highest rating possible, to become Australia’s first ‘Butterfly Home’.

The Butterfly Household Model of Care was founded by Dr David Sheard of Dementia Care Matters (DCM) in 1995 in the UK, and has since expanded to become a global dementia care culture change movement with more than 50 Butterfly Homes around the world.

According to DCM a Level 1 rating is an outstanding, and rare, achievement. Homes need to achieve Level 3 or above to receive the Butterfly Award and only 14 homes in the UK hold the Level 1 award.

Barunga Village’s grading process was conducted by DCM Consultant Trainer Sally Knocker at the end of a 12-month pilot of the programme, which started in July 2016. It included observing interactions and activities of people with dementia and staff members for more than five hours.

“The core reason why Barunga Village achieved Level 1 is because over 80% of the day showcased ‘positive social experiences’, whereas this time last year 70% of the day was spent with very little interaction,” Sally said.

“This means that people living with dementia now have a high quality of life. They are taking part in an array of activities that you and I do every day – such as washing up after breakfast, making scones, feeding the chickens and chatting with friends and family.

Their engagements with staff demonstrated there was no sense of ‘us and them’. The interactions were similar to how you are with your friends and family – this is a key of the model.”

Undertaking this model of care is the belief that ‘Feelings Matter Most’. This approach is about using the primary competency of emotional intelligence to connect with people and understand their vulnerability. Only when staff value the importance of being ‘loved as the essence of what is needed to truly reach others can they help people feel that they matter. One of the fundamental beliefs of this model is that it is possible to enable people living with dementia to feel alive again by restoring their positive emotions.

While dementia care has a history of being task-oriented and institutional, the model sees a total transformation in the way people with dementia are cared for, with a focus on their emotions and replicating home-like environments and the everyday activities they enjoyed earlier in life.

The need for change
Barunga Village is a multi-award winning facility, with an extensive range of activities for residents. It even won an Alzheimer’s Australia SA Dementia Care Excellence Award in the 2014 South Australian Community Achievement Awards, so many would question the need to change the model of care. However, after discovering the Butterfly Household Model of Care the management team knew they had no choice but to adopt it.

An observational audit of the lived experience of people with dementia in the home indicated...
Butterfly success for Aged Care Plus

The Salvation Army's Aged Care Plus Mountain View Centre in Canberra also received Dementia Care Matter's (DCM) Butterfly National Accreditation at Level 1 this year, shortly after Barunga Village.

Aged Care Plus then went on to win a Better Practice Award at the 2017 Australian Aged Care Quality Agency Better Practice Conference in Sydney in August for its Butterfly program, called Making Moments Matter.

Aged Care Plus also trialed the model at The Camel's Aged Care Plus Centre at Chapel Hill, Queensland. Their accreditation audit is scheduled for October.

Aged Care Plus plans to introduce the model in a third home, Elizabeth Jenkins Place, Sydney, in October and implement DCM's Butterfly home care program Mattering At Home into its home care services.

Aged Care Plus and Barunga Village were the only two aged care organisations in Australia selected to pilot the Butterfly Household Model of Care in 2016, chosen from more than 40 care facilities who responded to an expression of interest invitation from DCM.

Other Australian aged care providers interested in adopting The Butterfly Household Model of Care should contact DCM CEO Dr David Sheard at david@dementiacarematters.com

DCM launches The Butterfly Community webinars

DCM launched The Butterfly Community on 13 September—a new global online webinar membership step providing monthly live webinars on The Butterfly Household Model of Care, along with tools and downloadable resources to support care home owners and managers to create cultural change in dementia care. The program is a collaboration with Helen Sanderson from Helen Sanderson Associates. Details: www.butterflycommunity.org

Butterfly Household Model Action Checklist

Inspiring: The Butterfly Household Model of Care Action Checklist (revised version 2) is a blueprint of practical ideas in achieving quality of life in care homes. Available at: http://bit.ly/2mzZEnd

Implementation

A management team was chosen to oversee and support the project and I was appointed the Butterfly Home Care Coordinator during the first 12 months of the program.

Barunga Village took an entirely new approach to recruitment, training, and appraisal of the staff team, focusing on developing people’s emotional intelligence.

DCM provided support via Skype, and additional support if required, to assist with training the staff team.

Staff were also trained in the ‘Being a Butterfly’ concept: using activity belts as a resource tool, filled with items to engage, they move from one person to the next, like butterflies, creating moments of connection and colour.

DCM provided an implementation plan and checklist to follow each month, with support from DCM’s Director Of Learning Peter Priedies and a visit six-months into the project by DCM Associate Daren Felgate.

Creating a Butterfly Home

Since implementing the Butterfly model Barunga Village has made major changes to the environment and the way people living with dementia are cared for. Key aspects of the Butterfly Household Model of Care include:

- Removing institutional features such as the staff team wearing uniforms and using trolleys to dispense medication.
- Grouping people who are at a similar stage of dementia, giving them the best chance to thrive and have a sense of well-being, while enabling staff to provide specialist skills.
- A new approach to staff team training, appraisal and recruitment, which focuses on staff having high emotional intelligence.
- There is no ‘them and us’ between the staff team and house members. It’s about ‘being with’, not ‘doing for’.
- Major change in the mealtime experience, with house members involved in meal preparation and setting the table. There’s a greater selection of food to choose from and team members sit and share a meal with the people living there.
- The staff team is trained to join people living with dementia in their reality and engage with their memories, rather than constantly trying to bring them back to the present.

Environmental changes included:

- Dividing the existing dementia support area into two self-sufficient households, each with a front door.
- People are matched to a house according to their stage of dementia, which has significantly reduced their anxiety levels.
- A complete refurbishment of the interior spaces to ensure the rooms are colourful and highly engaging and reflect a home-like environment, with items familiar to house members from their younger days.
- Walls painted bright colours.
- People living and working in the home have their life stories on display.
- More items are on display for people to engage with. For example, the house for people with later-stage dementia is filled with more sensory items, while the early-stage house has more domestic items for household chores.
- Outdoor spaces have been refurbished to be more engaging and welcoming, with more raised garden beds for planting vegetables and herbs, a chicken shed with chickens for egg collecting and feeding.

House member Keith Hyland with House Leader Belinda Manser

Barunga Village house member
Gwen Price making scones

that Barunga Village was delivering a high level of neutral care. After the initial audit process, Dr David Sheard described Barunga Village as a “hospital day centre” with excessive amounts of neutral care.

Between the scheduled activities, such as bus trips and bingo, the people living with dementia were sitting around in an empty lounge area, grouped together, staring into space more than 70% of the time. The management team quickly realised this level of care was unsatisfactory and inspired the staff team to implement the new model.
and outdoor structures painted in bright colours.

While the changes to the environment have been vital, Barunga Village couldn’t have achieved this result without its staff. They have embraced the new approach and now fully connect emotionally with people living here.

After implementing this model of care, the atmosphere now feels like a loving home where the staff team and house members come together to create a family-like environment.

The most enjoyable changes to witness have been the increase in laughter and happiness amongst those living in the home, and their meaningful engagements with their families and the staff team.

Positive results

Over the past year there has been a 42% reduction in the number of falls, along with positive weight gain, in the 16 people who live in the two Butterfly Homes at Barunga Village. The Barunga Village team has also eliminated the use of any physical restraint and there have been fewer admissions to hospital.

Results in established Butterfly Homes have shown the use of antipsychotic medications have decreased to almost 5%, compared to the national norms of 20–40% in the UK and Australia, and falls have reduced by 44%. Surveys during the Barunga Village pilot show relatives of those living with dementia feel much more comfortable visiting the home than ever before. Over 80% of relatives are satisfied with the level of care and meaningful activity afforded to their loved ones.

The staff team reported increased satisfaction for their work, with management noting that staff now come in on their days off, bring in their families and make comments like “I could never work anywhere else since working at Barunga Village”.

Challenges during the pilot

Understanding why the culture change was required was a challenge until staff and families could understand the benefits. When they could finally see the changes in the people living at Barunga Village the hard work was all worth it.

Removal of uniforms, changing the mealtime experience and having food available and visible 24 hours a day did bring some challenges, but probably the greatest was for the nursing staff. This model of care no longer requires the Registered Nurses (RN) to run the home and be the decision makers. They actually set “outside” this model of care and a House Leader runs the day-to-day aspects of the home. They call the RN and ask them to visit if anyone is unwell – similar to calling a doctor to our own home for a house visit.

Any culture change project brings its challenges and changing the mindset from the traditional task-focused care to a ‘go with the flow attitude’ was always going to be a challenge. Committed leadership was necessary to support and guide the team through the change.

The future

Barunga Village has a robust sustainability plan to ensure the high accreditation level is maintained. Three purpose-built Butterfly Homes are currently under construction. Barunga Village also plans to disseminate certain aspects of this model throughout the entire facility.

Regular observational audits of the lived experience will help to sustain a Level 1 status and ensure that the people living in the homes are receiving the highest quality of care they deserve.

See for yourself

If you would like more information about the Butterfly Household Model of Care or if you would like a presentation from Barunga Village’s Director of Nursing, Merrillyn Hewett, outlining the model of care, contact Barunga Village’s Marketing and Communications Officer, Annabel Freeth at annabel@barungavillage.com.au. You can also visit www.dementiaacarematters.com.

Louise DelWolfe is Clinical Nurse at Barunga Village, Port Broughton, SA.

There is no ‘them and us’ between the staff team and house members. It’s about ‘being with’, not ‘doing for’.

These ‘before and after’ photos show how The Butterfly model has transformed the village environment.