Mattering in a dementia care home – The Butterfly Approach

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“Focusing on the development of attached leadership, nurse modelling and emotional intelligence as the primary competencies in a dementia care team”

Introduction

“Creating a family like atmosphere and sharing closeness matters in dementia care”.

With this simple concept, in 1995, the early foundations were laid down of the Feelings Matter Most model of dementia care. Following its initial introduction at Merevale House in Atherstone – a care home for 36 people living with a dementia – the approach has spread across the UK and Ireland. Known as Butterfly Service homes, there are currently 56 project homes adopting this model. With 45 care homes in England, 6 care homes in Wales and 5 care homes in Ireland the model is being implemented in large corporate care homes, independent sector nursing homes and Local Authority care homes.

Feelings Matter Most – the model

Beginning with Kitwoods original theory of person centredness, the model also draws on ideas from neuro linguistic programming about personal congruence in leadership and emphasizes the need to embed dementia care training in the development of staffs emotional connection and emotional intelligence. The Feelings Matter Most model centres on eight key components:

**BEING** person centred involves helping staff to shift their focus from only doing ‘tasks’ to being able to reach people on the inside.

**ENABLING** quality of life starts with really seeing, hearing, feeling the lived experience of people. This also involves measuring the minute by minute experiences of people and being determined to improve the moment.

**INSPIRING** leadership means guiding people away from detached management to a new professionalism of attached leadership. Attached leadership is where people lead from the heart and not just by the hand.

**NURTURING** staffs emotions in dementia care, recognises the need to support peoples emotional labour. This centres on fostering positive team relationships whilst requiring the development of an emotion led organisational strategy.
**GROWING** training that works signals a move away from tick-box courses and awareness level competency training. The new focus is on the development of peoples emotional intelligence through reflection, modelling and coaching.

**ACHIEVING** real outcomes is all about focusing on policies, procedures and systems as the secondary focus. Balancing and measuring quality of service and quality of life as the primary goal becomes the new focus.

**SUPPORTING** nurses in dementia care to modernise and to restore compassionate cultures of care is critical. This involves nurses being developed to merge clinical best practice with the new focus of nurses knowing how to lead and personally model person centred care and relationship focused support.

**MATTERING** in a dementia care home involves centring on the core skills in staff of Feel, Look, Connect and Occupy whilst creating culture change through developing a community based on Share, Reach, Relax and Matter.

**Shifting from a model to Mattering**

“Feeling you matter is at the core of being person. Knowing you matter is at the heart of being alive. Seeing you matter is at the centre of carrying on in life”.

Every registered manager in a Butterfly Care Home needs to begin a culture change programme with these key fundamental beliefs. However turning these beliefs about people generally mattering into evidence that people matter in care homes is far from easy. It involves committing to a series of shifts:

Shifting from:

- doing detached management to being an attached leader
- over emphasising physical care to prioritising emotional care
- providing sterile, clinical, hotel environments called ‘units’ to creating busy, filled up, engaging places that feel like ‘home’
- focusing on task orientation to being comfortable with a relaxed, freed up atmosphere
- purchasing training on dementia care awareness about ‘others’ to developing learning about being person centred in ourselves
- running a home for people to involving people in the running of their own home
- emphasising separateness in how a building and ‘we’ look, to appearing more informal, best friends and family like

These shifts are significant and whilst the concepts of family, closeness and mattering may be simple, the achievement of these shifts in a care home culture and environment are complex.
Achieving 12 clear outcomes

In Butterfly Care Homes a wide range of quality of life and quality of service outcomes are focused upon:

- A house model – breaking the care home up into domestic scale, recognisable houses – in imaginative low cost ways

- Creating housekeepers – transforming outdated ways of working as domestic and catering staff into housekeepers being the heart of the home in each house

- Removing us and them – clearing away the boundaries and barriers that separate us from feeling peoples lived experience and providing an environment, a ‘look’ that emphasises the quality and value of close relationships

- Removing controlling care – enabling staff to understand how each moment in the day is an opportunity and choice to turn a potentially controlling or neutral task orientated response, into one that is a real, positive, social, shared connection

- Removing central dining rooms – preventing the ‘herding’ of people from one room to another and creating in lounge/diners a positive, engaging, social occasion where food preparation, visual choices, sensory stimulation and social connections turn the mealtime experience into a key part of social interaction in the day

- Matching – preventing people experiencing unnecessary stress by being all muddled together at different ‘points’ of a dementia, by grouping people together in ‘houses’ at a similar point of experience. This gives both people living there the best chance to thrive and have a sense of well being, whilst enabling staff also to really provide specialist skills to people in focused groups

- Relaxing the routines – freeing up the staff team, by giving them permission to be with people, whilst fostering team work to still flexibly also achieve the discreet running of the home

- Filling the place up – turning the home into an engaging place with loads of opportunities to reminisce, touch, feel, carry objects and be engaged in domestic living. This requires an over exaggerated ‘staging’ bringing items of ‘stuff’ closer to people

- Enjoying mealtime experiences – training staff how to sit and ‘be with’ people sharing a meal, whilst keeping the conversation going by rehearsing conversation topics and introducing memories and placing engaging items on the table, in pockets etc to talk about

- Turning staff into butterflies – helping staff to draw on a wide variety of ways to engage and occupy people in the moment, from staff wearing ‘activity’ belts’ and connecting with people, to lifting the atmosphere with short minute by minute ‘activities’

- Feelings before behaviours – providing a set of ‘recipes’ for staff on the meanings behind behaviours. Training staff on approaches which acknowledge that people living
with a dementia rely less on facts, logic and reason and therefore people living with a
dementia trust more feelings

- Measuring well being – giving staff practical tools to increase peoples well being and
decrease ill being. Helping staff to see that quality of well being is the primary indicator
of good quality dementia care

**Inspiring leadership, modernising nursing and valuing emotional labour**

It must be emphasised that the model, the shifts it requires and its twelve components are
not just ‘tasks’ and ‘projects’ to be bolted on to a current care home culture. A much more
fundamental aspect of a Butterfly Project is the need to change first the culture of
leadership in the home, then the style of dementia care nursing and finally to recognise the
impact that providing emotional care has on people working in a care home.

To achieve this a significant amount of time is spent guiding, coaching and modelling new
ways of being a leader, a nurse and a care worker. As one manager commented: “The
culture we are creating does not need managing, it needs inspirational leadership. The
leadership style needs to be heartfelt, it has to come from within you – people have to feel
it’s who you are. This cannot be achieved from sitting in an office, you need to model this
approach in the houses”.

Nurses reduced into thinking that dementia care nursing involves care planning in an office,
liaising with community professionals and administering medication stood at a drug trolley
need re-empowering to see that the future of dementia care nursing is different and far
more exciting. Person centred dementia care nursing is all about inspiring the team and
leading positive social interactions, whilst providing people with the very best lived
experience and then knowing how to combine this with excellent nursing and personal care.
This is a new agenda for nurses in dementia care homes who need guidance on how to
model best practice in dementia care to other staff.

Similarly the presumption that all staff will welcome an approach that centres on feelings
mattering most should be avoided. As one manager comments “Staff reaction was mixed,
those staff you knew had fundamental skills, skills that you could never teach, were excited
and tearful, feeling ‘at last’ we’re going to really make a difference. Other staff were
frightened and anxious about the fear of moving from ‘can I do this’ to ‘can I be this’. These
staff also questioned will I be supported. This involves recognising that staff need to grasp
because people living with a dementia are more feeling beings than thinking beings, we are
seeking a level of emotional connection from staff that requires a very high level of support.
Equally the destructive members of staff, who had previously dominated shifts and the
environment sat with hard facial expressions and sent clear messages through the teams
that things were not going to change”.

**Landermeads : daring to dream**

Landermeads is an independent, family run, nursing home supporting 69 older people and
16 young adults in three discreet ‘houses’. Commencing a Butterfly Project with Dementia
Care Matters in January 2013 they are five months into a major cultural transformation.
Although receiving a Local Authority Quality Band 5 in April 2012, the highest achievable rating, Eve Carder, Senior Manager describes why they commenced the project “because the quality of life experienced by people living here was not heartfelt, it did not meet peoples emotional needs. People’s daily experiences were controlled by the organisation. Significant numbers of staff were not supported by the organisational structure to ‘be’ with people – their time was dictated by hierarchies, lists and routines”. Eve’s advice to care homes is that it begins with giving staff permission, from all areas and positions to speak openly about the culture being lived in – her first five steps alongside the management team have been to:

- Deliver a strong key message to all staff that they can dare to dream that dementia care could be different
- Give staff the vision and work with them to create a new ‘picture on the box’- the final destination
- Keep the management teams focused that they need to ‘feel it from within’
- Implement person centred appraisals – measure staffs ability to ‘be’ this rather than to ‘do’ tasks
- Involve families, update them and help families to learn the real meaning behind words and actions being conveyed by their relatives

**Evidence of mattering**

Eve Carder notes as soon as the Butterfly Project arrived there was a huge sense of relief from members of the team that ‘yes’ they were going to do this.

Landermeads started by making 3 significant changes to the environment –

- dividing 2 houses into 4 smaller ‘homes’
- removing central dining rooms
- involving housekeepers creating areas that are bright, full of interest and meaningful.

In a care home sector where evidence and outcomes matter, Landermeads already feels, five months into their project, that peoples well being is increasing: Eve comments “the result of the environment being more domestic and engaging has been breath taking, people are ‘coming alive’. People’s eyes are bright and expressions and words are being seen and heard that the care team before didn’t even know existed, the environment is quieter yet the atmosphere is alive. Expressions of behaviours previously seen and heard are reducing, laughter is heard - no longer coming only from staff. One of the most significant early changes we saw were people who previously had never gone to bed are actually sleeping comfortably in their beds. Their experience of daytime is now one that starts with a feeling of being refreshed”.

Anita Astle Owner is Managing Director of Wren Hall in Selston, Nottinghamshire a Nursing Home providing support to 53 people. Wren Hall is another Butterfly Project which has achieved Dementia Care Matters rare Level One status in its quality of life kitemark. Anita has been driven to inspire, model and coach a large staff team and knows well what it really takes to implement this approach. She comments “The greatest impact we have found in
embedding the Feelings Matter Most Model is it shifts the balance of power by removing controlling care – it enables nurses and care staff to become real care partners’.

Wren Hall has been collating hard data from their Butterfly Project to support also their qualitative evidence. Their evidence has revealed a:

- 43% reduced incidence of falls
- 58% reduced incidence of expressed ‘behaviours’
- 35% reduction in the staff sickness figure

**Potential blocks**

Any model however is only as good as the passion, drive and determination to make it happen. It would be naïve to imagine this model is immediately transferable, or ever desirable, to all care homes and their senior management teams. A care home adopting this model has to believe that the values inherent within a Butterfly Care Home Project are the care homes and organisations core purpose. That is not always the case. Common blocks to a care home achieving the implementation of this approach would be:

- A lack of Senior Management grasp of the breadth of impact, across all operational areas, that a Butterfly Project will create
- A General Manager more comfortable with detached management rather than feeling based leadership
- A Nursing team holding on to its safety blanket of traditional nursing perspectives
- A Care Worker team who are threatened by changes in their working practices and who see that ‘care’ is about ‘bodies’ and not hearts
- A Catering and domestic team who want to run the home like clockwork to fit their catering and cleaning schedules
- Families not supported, educated or enabled to see that quality of life is more important when experiencing a dementia than the quality of the care homes ability to mistakenly replicate a hospital ward.

**Conclusion**

Dr Maya Angelou, one of the great voices of American contemporary literature, states “I’ve learnt that people will forget what you said, people will forget what you did but people will never forget how you make them feel”. The Feelings Matter Most model of dementia care and its Butterfly Approach is all about returning care homes back to the real essence of care. Butterfly Care Homes are focused on ensuring that the real feeling of mattering is within the veins of their model of care. Butterfly Care Homes are about establishing the heart of compassion as their core priority and moving away from the previous first emphasis on bureaucracy, systems and procedures. When things come together it works. Dementia care homes can be real homes, places to be celebrated, where there are passionate leaders, heartfelt staff, engaging environments, true family involvement and people really living.

**References:**


Sheard DM (2012) Mattering: In a dementia care home Part One- core skills DVD. Dementia Care Matters.

Sheard DM (2013) Mattering: In a dementia care home Part Two- culture change DVD Dementia Care Matters.

**Credits**

The photos illustrating this article were provided, with thanks, by Wren Hall Nursing Home and Landermeads Nursing Home.