

# Small-scale living promotes choice

**Natasha Chadwick** explains how small-scale communal living supports and enables people with dementia, and outlines plans to develop a community for 120 residents in Queensland

**S**mall-scale living provides relationship-based care and support for residents living in small groups in a domestic-scale home, offering people the opportunity to live as independent and normal a life as possible, despite the complex needs associated with dementia and other care needs.

In Australia, aged care provider Synovum Care Group has successfully trialled two small-scale living houses for 14 people at the Wynyard Care Centre in Tasmania since December 2014. The model was inspired by the De Hogeweyk dementia-friendly village in The Netherlands and has been developed after research by our management team in Australia and overseas, including a visit and masterclass at De Hogeweyk. Our team also studied and / or visited nine other aged care organisations that had adopted the Dementia Care Matters' culture change program, known as the Butterfly Household Model, or person-centred care practices.

Following the pilot at Wynyard, which allowed us to test and evaluate our model and refine policies, procedures and team training, Synovum Care Group is now planning to implement small-scale living houses across all its centres, starting with a supported community of 17 houses, plus an outdoor community, for 120 people in Bellmere at Caboolture, Queensland. Subject to council approval, building is expected to begin there in April 2016 and take about a year to complete.

## Enabling independence

Our small-scale communal living model is suitable for people of all care needs, including severe dementia,

and enables them to continue to live life to the fullest potential. It gives residents, no matter their diagnosis, surroundings that are familiar and that enable their independence. Each resident can make choices in their day-to-day lives and feel they have made a meaningful contribution every day.

The seven residents in each house at Wynyard have their own room, with ensuite, and access to all areas of the home. The houses include a fully-functional kitchen and laundry, an open-plan lounge and dining room, and a front door which allows residents the freedom to come and go in the outdoor spaces and removes some of the frustration that some individuals feel in a traditional aged care setting. Each house is autonomous and has its own budget.

With the support of the care team, known as house companions, the residents are involved in all aspects of their daily living activities, to the extent that they are able and wish to be involved. This might include setting menus, grocery shopping, preparing and cooking meals, setting and clearing the table, washing up and doing laundry.



A resident helps prepare vegetables for dinner in his home at Wynyard

## Each day is different

One of the most significant points of difference between the Synovum model and traditional residential aged care is the staffing arrangements. The care team (house companions) are not required to wear a uniform and provide support and services for residents in all areas of daily living – personal care, preparing and cooking meals, cleaning and laundry.

Two house companions in each house support the residents from about 7.30am to 10.30pm each day. The reason for the approximate start and finish times is that the shift times change as the needs of residents in each house dictate. For example, if one house has residents who sleep in and start their day around 9am then the house companions would begin their shift at, say, 8.30am and finish later, and vice versa if the residents are all early risers.

A clinical support team, including a Registered Nurse, is on site 24-hours a day. Overnight, an onsite professional team, including a Registered Nurse, monitor each household via movement sensors in the bedrooms and CCTV in the hallway, lounge, dining and kitchen areas to enable redirection and / or



A resident and a house companion in the kitchen at one of the Wynyard homes

physical assistance if necessary. During the night there's no intervention unless we can see that someone requires assistance or their call bell is activated and they're asking for help.

Each day is different because the homes operate as the residents dictate. The guiding rules are that residents wake up when their eyes open naturally and go to bed when they are tired. They can return to bed after breakfast or stay in their pyjamas until the afternoon if they wish. There are no set mealtimes – it depends upon wake-up times, which differ each day. The only rule is that mealtimes have to be at least two hours apart. And just as in your house or mine, some days there is loads and loads of washing and folding to do and other days less so. It really is a normal house.

The only things scheduled in are appointments for residents to visit doctors, podiatrists or physiotherapists, and their medication times. However, even with this we work closely with the doctor to ensure the medication times don't impact the 'normal' life that a resident wants to live. So, if a resident has pain medication prescribed for 6am daily, but really likes to sleep until 8.30am, we work with the doctor and review the individual and their medications and alter the times to accommodate the resident.

## Positive outcomes

Our evaluation of the small-scale living trial at Wynyard Care Centre has shown the following positive outcomes:

- The 14 residents, some of whom live with a diagnosis of dementia, in the two houses have shown a reduction in the responsive behaviours they were demonstrating in the traditional aged care setting and, in some cases, those behaviours have disappeared altogether. For example, one of the residents had found it difficult to settle into traditional aged care, where he had been labelled a 'wanderer', 'exit seeker' and 'physically aggressive'. Since moving into one of the Wynyard houses, he has taken on responsibilities including clearing the table, stacking the dishwasher, unpacking the shopping and preparing meals. He also comes and goes into the home's garden when he feels like it. His daughter says her father is much happier and more settled.
- A significant increase in the ability to accommodate residents' personal choices.
- Residents' appetite has improved because they can eat what they feel like, not food based on a set menu, and they are involved in preparing meals. Food wastage is also very minimal.
- Family interaction has shifted from relatives sitting on a chair in mum or dad's room and having a chat, to being in the kitchen chopping vegetables, setting the table together for dinner or tending to the herb garden. Many times a visiting family member will pull out a jigsaw puzzle or board game and start an activity for the entire house of seven residents, simply because this model allows them to feel at home when visiting.
- Another resident had lost contact with most of his family except his wife and daughter while living in a traditional aged care home because his grandchildren and great-grandchildren found it too confronting to visit. Since moving into one of the Wynyard homes they feel more



Visiting family members and residents work together on a puzzle

comfortable visiting and he now spends lots of time with them.

- Nil complaints / concerns from residents or family members.

## A familiar environment

With a diagnosis of dementia, it is sometimes hard to know what is expected of you in certain situations and being in an unfamiliar environment causes further confusion and uncertainty. The following examples show how our house model supports a person with dementia:

- Sitting around a dining room table at mealtimes as a family (all seven residents and the two house companions) provides prompts for those living with dementia about what is expected ie, eat the meal, have a conversation, pass the salt. For the residents in the Wynyard homes, this has resulted in increased appetite and a decrease in weight loss and use of dietary supplements.
- Having a normal household kitchen that is fully accessible to residents living with dementia means they are able to get themselves a cup of tea or coffee, pour a juice or water and take a snack from the fridge, fruit bowl or biscuit jar. Communicating that they are hungry or thirsty often does not come easily, so the ability to be able to help themselves is important.
- It gives residents freedom of movement so they can access their front and back yard. The fact there are no locked doors minimises the frustration some residents feel when in a traditional aged care environment. Residents at the proposed Bellmere community

will be free to move around the grounds and walk to the café, shop and wellness centre (which will house a gym, spa, doctors' rooms and a physiotherapist). Layers of landscaping and gardens will disguise the fence that encloses the complex and provides security.

- It gives residents choice and the ability to make decisions; no matter how small the choice or decision it still helps the person maintain dignity. For example, residents can choose what to have on the menu. Together with a house companion, they create the menu and shopping list every fortnight, based on what each person wants to eat. Some residents choose to help with household chores. These choices are not readily available to people living in a traditional aged care environment.
- Sharing a home with people who have the same core values helps people with dementia feel comfortable, safe and reduces anxiety. With the help of family members, new residents complete an online values and lifestyle survey which helps us place like-minded people in the most appropriate house to meet their value system. The questions are designed to reveal each person's core values around things such as religion, politics, money and how the person likes to socialise. It ensures that each house operates in a way that feels familiar for residents. For example, a person who values the privacy of their home and doesn't like unexpected visitors will feel quite anxious and uncomfortable if they are sharing a house with someone who likes to socialise and regularly invites others into the

home unannounced. For the Wynyard pilot we used a values-and-lifestyle research tool called Mentality™ (www.motivaction.nl/en/mentality), created by an organisation called Motivaction, in Amsterdam, and used at De Hogeweyk. However, we have commissioned a large research company to develop our own values/lifestyle survey for residents which is specific to Australia. The results of this will impact the design of Bellmere and any other communities we develop.

- Family members are also asked to provide as much information as possible to the house companions about their relative/friend – how they lived their life in the community, their background, the things that are important to them, as well as the things that may trigger a bad memory or anxiety – to allow the person's needs to be met as best as possible.

## Conclusion

Our small-scale communal living model aims to improve quality of life for older people, including those living with dementia, by providing them with a familiar environment to live as normal a life as possible. This really is the only way to offer residents true choice, independence and freedom of movement, with the support, specialist skills and infrastructure to accommodate the person's care needs as they progress. ■

**Synovum Care Group was a finalist in the Outstanding Organisation category of the 2015 HESTA Aged Care Awards and won the Best Care Organisation Award in the HESTA-sponsored 2015 Tasmanian Aged Care Awards.**

■ Natasha Chadwick is Managing Director of Synovum Care Group and founded the organisation in 2011. It now operates 60 residential aged care places at Bexley in Sydney, NSW and 70 places in Wynyard, Tasmania, as well as funded home and transitional care in Tasmania and private home care services in Tasmania and NSW. To follow up on this article, contact Natasha at: marketing@synovumcare.com.au