

The freedom of home

Natasha Chadwick and **Alasdair A MacDonald** report on a new, award-winning inclusive model of residential aged care that doesn't segregate people by physical or cognitive diagnosis. Instead, residents with a range of care needs, including advanced dementia, and with similar values and lifestyle preferences, share a home together



Residents are free to pursue lives that are as independent as possible and choose their own daily routine

The number of people living with dementia continues to increase each year, including those with a younger onset diagnosis (Dementia Australia 2018). Paradoxically, much of the aged care industry continues to provide products and services that are not in line with the Aged Care Roadmap (Aged Care Sector Committee 2016).

In essence, the Roadmap talks of greater consumer choice, which is nothing new to the industry; government, peak bodies, providers and consumers all have spoken (and continue to) about moving away from the traditional institutional models of residential aged care. No longer will the consumer accept a blanket one-size-fits-all approach – nor should they.

However, when it comes to dementia-specific residential aged care, unfortunately there has been little or no change in what is being delivered. Terms such as 'dementia-specific unit', 'locked unit', 'secure unit', 'the dementia wing', 'the dementia section', 'high-care and low-care dementia floors', to name just a few, are sadly familiar to us all.

In 2012, after more than 20 years working in aged care, Natasha set out to develop an alternative to traditional residential aged care that wasn't institutional, segregated and task-driven. A global search for best practice, looking at models of residential care in the US, the UK and Europe, including the Hogeweyk dementia village in The

Netherlands, consistently brought us to the same conclusion: the model would need to be customised to suit the Australian market, and there would be no separate units or areas for people with dementia; instead, they would be integrated with residents living without dementia.

In late 2017, after almost six years of research and development, we opened the NewDirection Care Bellmere Microtown™ in Queensland – a new model of residential aged and dementia care that we believe will revolutionise the sector. At the end of the day the solution was pretty simple – enabling residents the freedom of home, access to outdoor spaces and the wider community, and no longer segregating residents based on their physical or cognitive diagnosis.



The NewDirection Care Bellmere Microtown in Queensland has 17 homes on six streets for 120 residents

Trialling the concept

Before building the Bellmere Microtown we trialled this idea of inclusive, 'small-scale living' with a pilot program in 2014 in Wynyard, Tasmania. Two small houses were built, each with seven bedrooms, a working kitchen, laundry and living room, enabling seven residents with and without dementia to live together in a regular house and take part in day-to-day activities such as cooking and cleaning. There were no longer routines, but instead residents started to experience a sense of normality, greater freedom and empowerment. They reported a significantly positive experience and improvements in their quality of life.

Key findings and outcomes from the program, which is still running in Tasmania, included:

- It was clear that residents do not need to be segregated by diagnosis, but instead grouped according to their lifestyle and values. This led to the development of our proprietary Lifestyle Survey (explained in more detail later in the article).
- Residents were supported and encouraged to do day-to-day household tasks such as cleaning, laundry, cooking, gardening, etc, as much as possible.
- The optimum resident-to-staff ratio, which changes as the care needs of each house changes (eg, a maximum of two



Feeding the chickens and helping to clean out their pen is a daily ritual for many of the Bellmere residents

staff per shift in homes while the care needs of residents are high and a minimum of one otherwise.

- The development of the House Companion™ role, including a customised training program.
- House Companions being able to assist with medication administration, resulting in the removal of medication trolleys.
- A customised food safety program specific to the model.
- Introduction of non-chemical cleaning.
- Removal of certain routines such as waking all the residents at the same time.
- Reduced incidents of ‘sundowning’, responsive behaviours and improved sleep among residents.
- Increased appetite and participation in menu planning and cooking.
- Creation of a resident community garden and use of produce in cooking.
- Full compliance with the accreditation standards.
- Costs per resident were shown to be in line with those in traditional models of residential care.

The Bellmere Microtown

The success of the model in Tasmania led to the development of NewDirection Care Bellmere, which opened in September 2017. The \$30 million residential aged care facility is a world-first Microtown, located between Brisbane and the Sunshine Coast. It has 17 individually styled homes located on six streets over 2ha and is home to 120 residents. The Microtown recreates life in a small Australian town and is designed for people of all care needs, including those with advanced dementia and younger onset dementia, to live together. Sixteen of the houses have seven people

living in each and one home has eight residents. They live together based on their values and lifestyle; they are not segregated according to their diagnosis, nor are residents with dementia isolated in a secure location. Houses closer to the town square are defined as ‘urban’ or ‘modern’ and designed for residents who have come from a city environment or lived in an apartment, while those further down the street and closer to the community gardens and chook pen are very traditional and more suited to residents from country areas or a farming community.

Unlike traditional institutional care environments, where many areas are restricted or out-of-bounds, there are no locked secure dementia units, no corridors lined with rows of bedrooms and large common areas, nor industrial-sized laundries, or a central commercial kitchen preparing generic, canteen-style food served at fixed times by dining staff in a large and loud dining hall. Neither are there nursing assistants or personal carers helping residents with eating and personal care at fixed times, or Registered Nurses (RNs) running around with medication trolleys.

Instead, the Bellmere Microtown looks exactly like any other Australian



Residents are supported and encouraged to do household tasks including laundry

suburban community – the houses all have picket fences, mailboxes, garden hoses, a barbecue, clothes line, and front- and backyards, positioned on wide, landscaped streets, each with their own name and house number.

Each resident has their own private ensuite bedroom (some with double or queen beds so couples can live together) and share the home’s domestic-style kitchen, laundry, dining room and sitting rooms as a family unit. They decide their daily routine, right down to the menu and are free to explore as much as they wish throughout the Microtown.

As with any other suburb, the Microtown has a town centre or shopping precinct with a cinema, corner shop, café, beauty salon, barber, GP, dentist, and a wellness centre for residents and team members. Families and the wider external community also have access to those same shops and services as they are open six to seven days a week. We also have created partnerships with community support groups who provide volunteer services such as local churches offering spiritual support, local schools for intergenerational programs, and some Indigenous groups to provide connections for residents’ specific cultural needs.

The community garden, tended by residents and an onsite gardener, provides seasonal produce for their own use. Residents also tend to the chickens, feeding them and cleaning the pen. Pets are welcome if the other residents in the house all agree as a ‘family unit’. The animal is assessed for suitability by a vet, a support plan is completed, and an agreement is put in place between the resident/family and NewDirection Care. At present one of the houses has a pet dog and another has a bird that are looked after by residents and House Companions, providing company, love and a sense of community for all.

Profiling tool

While there are no dedicated dementia units, nursing home or hostel units at



The community garden provides seasonal produce for the town’s residents



Some of the homes have double or queen beds so couples can live together

NewDirection Care our residents' needs cover the typical broad spectrum that you would expect in any residential aged care facility. Our inclusive approach means that seven or eight like-minded residents are assigned to a house because they share similar core values, interests, hobbies and lifestyles. The Lifestyle Survey profiling tool which we developed, based on findings from the Tasmanian pilot, draws out an individual's social world view and personality traits, with a particular focus on factors that influence living and interacting with others. The questions cover topics including religion, attitude to money, politics, how the person likes to socialise and even when they like to eat their main meal of the day.

House Companions

Each house is autonomous, has its own budget, and is just like a regular home. Residents are able to personalise their bedrooms and bathrooms with additional furniture, photos and ornaments, and add some personal items in common areas. Meals are prepared in the kitchen, residents eat dinner family-style, and laundry is done in the home's laundry room and hung on the backyard clothesline. Complaints about food are nil as residents assist with all menu planning (and shopping if they're able to), based on what each person wants to eat.

Residents are supported by what we call a House Companion™, a unique 24/7 rostered role that has been specifically designed and validated by NewDirection Care and is a world first in residential aged care. What makes the role unique is that it's covered by its own Enterprise Agreement, in recognition of the differences between this role and an AIN/Personal Carer under the current Aged Care Award; it's supported by a unique training program that we have



Residents have full freedom of movement and independence throughout the 2ha site

customised to our needs, in partnership with various training organisations; and staff working in this role have responsibilities for a home's budget, menu planning and laundry, not just personal care, cleaning and cooking.

We created this staffing model after successfully trialling the role in Tasmania. House Companions are recruited through a detailed assessment process based on NewDirection Care's values of 'individuality, community, relationships, respect and empathy' and undergo intensive training and a five-week induction program. This covers dementia care, medication administration, manual handling, first aid, personal care, palliation, nutrition, cooking, food safety cleaning, laundry and customer service.

House Companions form part of each home's 'family' unit, providing assistance as needed with daily activities such as cooking, cleaning, personal care and medication. They wear everyday clothes, not uniforms, and form strong personal bonds with residents and their families. We roster the same staff in each house where possible and eventually would like to implement consistent staff assignment. House Companions help each resident determine their day-to-day routines, menus, activities and outings. There are no shower lists or regimented wake-up and meal times. Instead, residents get up in the morning when they want, eat what and when they want to, receive guests, visit friends in the other houses, and their loved ones can spend the night – just as they've done throughout their lives.

There are a maximum of two House Companions in each house from 7am to 9.30pm daily, depending on care needs. They are backed by a team including RNs, dementia support, physiotherapist and other allied health services. When the doors to each house are locked at

9.30pm an overnight team, including an RN and several House Companions, are stationed onsite in the administration building to assist residents if necessary.

Safety, freedom of movement

As previously mentioned, there are no locked or secure dementia units. Residents are encouraged to walk, explore and integrate as they wish throughout the Microtown. The 2ha site is fenced and there is one entrance/exit through the front reception area. Residents' house doors are locked only at night. There are no 'hourly checks' during the night or the night team coming in and out of their houses.

Residents have full freedom of movement and independence without compromising their safety through our proprietary mobile monitoring technology. The system encompasses a telephone system, CCTV and movement sensors (including bed sensors), and a hands-free team communication platform, all captured on a simple computer dashboard which will alert the team when a resident requires assistance or guidance. Residents also have the option of wearing a GPS location device if they wish.

Through the use of this technology residents are free to pursue lives that are as fulfilling and as independent as possible. Free and safe access to outdoor



The town centre includes a store and cafe for residents, team members, family and the wider community



Inside the town's corner store where residents and House Companions shop for their households



Residents are supported by House Companions who are part of each home's 'family' unit

spaces provides opportunities for socialising with fellow residents, team members and the broader external community. For those people living with dementia this freedom provides the right prompts to experience normal life, and they are typically more involved in their daily routine and decision making.

Positive outcomes

In the 12 months since NewDirection Care Bellmere opened its doors the benefits at this early stage, based on resident, family and staff feedback, internal assessments and quantifiable data, include:

- Autonomy, with the freedom of home, as residents, including those with dementia, have full access to all parts of the Microtown.
- Residents are able to live and die in their home. To date, five residents have passed away and all but one (who died in hospital) were able to palliate and die in their bed in the same house that they joined when they entered. Our model also supports loved ones to be onsite 24/7 during such times, with access to a night room.
- Little or no 'sundowning' among residents with dementia. We believe this is due to a range of factors such as residents not being woken at set times, and always being on the go, whether doing household tasks, in the gym, gardening, tending to the chooks or socialising with others at the shops and café.
- Minimal nocturnal activity which, again, we believe is due to the fact that residents rise and sleep when they want. If we do see residents up during the

night it's typically during their initial settling-in period as they get used to their new environment.

- Preliminary studies and key clinical data has seen a reduction, and in some cases cessation, of residents being prescribed certain medications (eg antidepressants and antipsychotics). Some residents have also had their sleep medications reduced, stopped or substituted with alternatives such as melatonin. However, we believe the improved sleeping patterns are because residents can rise and sleep when they want (see point above).
- Increased appetite with healthy weight gain reported. As such, our clinical indicators look at weight variance rather than weight loss (the industry benchmark). We believe residents' increased appetite is because they are involved in cooking, be it helping to cook or simply being in the house and smelling and hearing the food being prepared. The use of meal substitutes or thickened fluids are limited unless clinically prescribed.
- More engagement with the wider community which is pivotal, in particular for those residents living with dementia. They can stroll to the shops, café and other services where they meet visitors just as they would in the community.

For residents living with dementia who have transferred to NewDirection Care from traditional residential aged care facilities (where they were in secure dementia units with reported severe behaviours, non-engagement, 'aimless wandering' and 'exit-seeking'), we have enabled them to 'deinstitutionalise'. Normal things such as opening the front door, going for a walk, helping with gardening or cooking are all encouraged and supported. Much of this is obviously possible due to the non-segregation of residents, the ability to safely and freely move throughout the community and of course access to the wide outdoor space. This provides the opportunity for residents to meet and interact with others, make choices and transactions at the onsite shops, and visit neighbouring houses for a cuppa – all of which supports social interaction.

There is a sense of normality and people create friendships just as they would in the community. When people are assigned to a house that is appropriate for their lifestyle and values the probability of everyone getting on is much higher, regardless of their diagnosis. There have been challenges, with some residents who do not have dementia struggling to

understand the condition, so we provide them with education and ongoing support, which helps. Since Bellmere opened we've had only two people change households.

International recognition

During a visit earlier this year, Jannette Spiering and Eloy van Hal, founders of the Hogeweyk dementia village in The Netherlands said that NewDirection Care's Microtown "can be seen as further development in Australia of the world-renowned De Hogeweyk model. We recognised all of the important elements that are needed to continue your life: living according to your lifestyle, in a fantastic house, staying part of a vibrant society and meeting friends and relatives every day. And of course, support from dedicated and specifically trained staff on hand nearby when needed" (NewDirection Care 2018). Jannette and Eloy were particularly interested in the two main differences between their model and ours: the integration of all residents at Bellmere compared with their community which is for residents with advanced dementia only; and our House Companion model which is significantly different to their staffing model.

NewDirection Care Bellmere was named Facility of the Year – Independent Seniors Living, at the 5th Asia Pacific Eldercare Innovation Awards 2017 and our House Companion Model won the 2018 Innovation of the Year – Care Model at the Eldercare Innovation Awards 2018 (www.ageingasia.com).

What's next?

NewDirection Care is now working to expand the Microtown concept in a more urban setting. With land at a premium we won't have the luxury of building on such a large site. Instead, a vertical Microtown with apartments will be developed. We expect the urban setting will attract potential residents who have lived in a city, rather than the current Bellmere site which is located in a more regional area. ■

References

- Aged Care Sector Committee (2016) *Aged care roadmap*. Available at: <https://bit.ly/2oiTNBI>
- Dementia Australia (2018) *Dementia statistics*. Available at: www.dementia.org.au/statistics
- NewDirection Care (2018) *Endorsement from the founders of de Hogeweyk, The Netherlands*. Available at: <https://bit.ly/2N6tcWy>

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Small-scale, home-like residential care delivers better outcomes for people with dementia. See article p32 in this issue.