



Culture change

Jewish Care, Dementia Care Development Project

A strategic approach to dementia care helps staff put training into practice and results in a can do approach.





Background

Jewish Care accessed new types of worker funding from Skills for Care between 2003 and 2006. The project successfully established a dementia care development team to work on creating a dementia strategy and implementing a person centred care management approach across all dementia care services. The funding covered the salaries of the project manager and two full time practice development workers.

This followed research Jewish Care had done with the Institute of Public Care, Middlesex University and Oxford Dementia Centre to understand more fully how services could be improved for people with dementia. They carried out audits and found there were high standards of personal care for people with dementia. However, the audits also highlighted a number of areas for improvement and these included:

- dementia training for staff and volunteers
- care planning
- the environment
- development of person centred activities for people with dementia.

Aims

Jewish Care found that in spite of offering training courses on dementia, staff members were often not putting learning into practice. When the dementia care development team was set up the main aim was to move the care culture from task focused to person centred approaches and to involve all staff.

What was done?

After the success of the Skills for Care project, the development team merged with the disability team; two people had a role in disability and four had roles in dementia. The team plays a central part in the organisation. The manager is part of the senior management team and can influence the organisation's culture and practice.

Developing an organisational strategy for dementia care has involved setting up:

- generic leadership – all managers are encouraged to consider themselves as leaders, regardless of their level in the organisation. Senior managers have a set of competences and organisational values which form part of the performance review process
- an ongoing programme of training linked to dementia care standards. Managers attend this with frontline staff at their places of work. This helps them share experiences and reflect on situations from their work places
- support for managers and leaders. Good leaders need to have access to peer support. Registered Managers of care and nursing homes set aside a day every month for discussions and workshops. This gives leaders a chance to network and exchange ideas, and to reflect on care practice within their resources. The managers of day centres hold monthly one to one meetings with social workers who specialise in dementia, and they use this time for reflective practice



- specialist dementia leaders and mentoring roles – Jewish Care has developed two posts for senior staff to work in mentoring roles within care homes. One of these is a permanent position in a particular home and the second works on a rotation basis, spending up to six months in a home developing dementia care practice. These mentors work closely with leaders in the homes to review dementia care practice and to set person centred, and relationship focused, approaches in place
- dementia care champions – who are supported by the care manager in each home. The champions usually work at team leader level and attend bi-monthly workshops. Champions use the VIPS framework (Brooker, 2007). The VIPS definition of person centred care encompasses four major elements:
 - V – value base that asserts the absolute value of all human lives regardless of age or cognitive ability
 - I – individualised approach, recognising uniqueness
 - P – understanding the world from the perspective of the service user
 - S – providing a social environment that supports psychological needs
- mapping – Registered Managers and dementia resource managers are trained in dementia care mapping. There is a commitment to do this regularly. This enables managers to assess the wellbeing of people living with dementia and to have a process for working with their teams to improve their practice. Managers report that dementia care mapping helps them keep in touch with the people who use their services and with the support that staff members need.

Partnerships with arts organisations

Jewish Care has a long standing relationship with Music for Life, a project which pioneers and develops interactive music workshops for people living with dementia. The project creates a space where people with dementia, carers and musicians can connect, communicate and express themselves with respect and dignity as equal members in a musical circle. Participation in Music for Life projects has given leaders in Jewish Care motivation and drive. They find renewed commitment and inspiration through them.

Other arts organisations that Jewish Care works with include Ladder to the Moon, Dulwich Picture Gallery, Barnet Arts Depot, London Sinfonia and Pickled Image. Jewish Care also use new specialist dementia software called My Life Software.

Outcomes

The outcomes of the project demonstrate the benefits of a holistic approach to dementia care and having a dementia care coordinator. Staff started to work differently because of the systematic and in depth training linked to a set of principles, organisational values and competences, which form part of the performance review process. Managers consider how staff are supported emotionally. Social workers and support workers have ongoing training and opportunities to reflect on practice, as well as specialism in dementia. They continue to have a carer team which is very supportive and strong. There are constant reviews and focus groups to inform and support the ongoing change of culture.



Dementia care mapping

Dementia care mapping has enabled managers to understand changes that need to be made. For example, feedback from one mapping showed mealtimes were hectic and noisy, which was distressing for some people. It was decided to set up a table in a quiet room where six people and a member of staff and a volunteer would sit and eat a meal together. Changes were also made in the main dining area and staff saw that service users ate better, had better overall wellbeing and enjoyment, and there was less food waste at the end of the meal (Garrett et al, 2012).

The approach and expertise of the dementia care development team has had a significant part to play in the design and development of a major rebuilding programme. The head office and other buildings on the site were demolished and a new campus built. This has independent living units, a community centre, small residential units to meet the particular needs of people with dementia, together with offices, a cafeteria and other facilities all around a central garden. Small groups of people live in their own parts of the care home with an open plan kitchen and lounge and private sensory garden (Alzheimer's Society, 2012).

Links have been established with primary and specialist health care providers and there is partnership working with local health and care agencies and with other Jewish Care providers. This tends to happen at resource level with the local borough and NHS Trust and with a range of voluntary groups.

There is improved access to services for carers of people with dementia, including groups, support and information. This ensures that carers' health and wellbeing are improved. The community support and social work team continues to work with families and carers. Person centred services are more able to meet the diverse cultural and religious needs of all clients and their carers. The organisation can also respond to the changing preferences, circumstances and needs of people living with dementia and their family carers.

The work that the project has done over the last eight years has been instrumental in senior management embracing this approach, which is reflected in their latest strategy for the organisation, Working together to support meaningful lives, (Jewish Care, 2012). It has been embedded and integrated into the work of the organisation and now a holistic approach is taken to working with all people in all settings, whether they have dementia or not. The strategy includes community involvement and it addresses best value.



Impact

The impacts of this project have been considerable:

- the ongoing, systematic and in depth training and support strategy has led to staff being more flexible and creative; they are able to provide a better service and there is better use of resources
- a dedicated dementia care development team has had a huge impact on the culture and practice of the organisation which provides a better person centred service for people with dementia
- the new campus built in the middle of the community attracts people for discussions, sing-alongs, exercise and befriending. There is a great amount of cross generational activity with residents and visitors finding benefits.

These local impacts have also led to:

- **preventing hospital admissions** – better end of life care in the person's home environment with fewer admissions to hospital and more people supported to die at home
- **timely hospital discharge** – if residents are admitted to hospital, they are likely to have better assessment and a planned discharge
- **more effective transitions** – all staff are trained in dementia care, including social workers and community workers doing assessments, as well as care staff across the services. Staff are more able to understand and manage dementia and end of life care with champions and mentors to support them with problems, therefore transitions between services are better planned
- **more effective use of resources** – an organisational approach with the development team involved at senior management level has meant that staff are more flexible and committed to different ways of working and resources are used more effectively.



Learning

It is important to have a strategy that makes reflective practice a central thread that allows leaders to develop through practice and experience. This ranges from formal training, observations, hands on work, mentoring and engagement in arts projects with people living with dementia.

Representation from the dementia development team at meetings from senior management level to carers groups has ensured that they have time to reflect on their practice and get input and guidance on an ongoing basis. It also ensures that the dementia development team is informed of leaders' agendas and priorities which enables bespoke staff development programmes.

“Training and supporting staff to ‘think outside the box’ makes them feel more empowered with a can-do approach.” Padraic Garrett, Service Manager for Disability and Dementia.

Offering choices helps people live well at home but it should not eliminate other choices like day centres. People tend to come into residential services later; closer to end of life and in the later stages of dementia. Also people are relying on local authority funding by the time they come to the day centre. In these circumstances the effectiveness of services is reduced, if they had been referred earlier it would mean they could have stayed at home longer. By the time they get referred to Jewish Care, the carers are often exhausted and there is more potential for breakdown.

“There is still a problem with recognising and engaging with dementia in the community. Even if it is picked up, if people are functioning there is nothing done about it.”
Padraic Garrett, Service Manager for Disability and Dementia.

Next steps

The team would like to become more involved with cognitive behavioural therapy research, for people in the earlier stages of dementia. Providing talking therapies at this stage seems to be having positive outcomes.

The involvement of the arts and working with Music for Life has been a real eye opener in working with people with dementia. They would like to have an arts co-ordinator to link in with other projects, eg Ladder to the Moon uses drama.

Jewish Care has developed a reputation as a learning organisation with expertise in dementia care and many organisations are coming to them to learn and work with them.

Jewish Care is building a new day centre and the development team are looking at what people want from the service, rather than just providing the traditional model. They will carry out a survey and some focus groups. Currently there is no service at weekends, in the evening, or respite overnight, however, if a person with dementia is up at night it may help carers if they could come to day care at this time. Currently all respite is in care homes. The main problem is likely to be cost but there are some exciting ideas about what could be done.



References

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- Brooker, 2007 Brooker Dawn; Person-centred dementia care. Jessica Kingsley Publishers, London, 2007.
- Garrett et al, 2012 Garrett P, Yentis G, Virji P, Ward P, Myers A; Dementia good practice guide, developing and supporting highly experienced/specialist staff and leaders/managers who will be working with people with dementia, Jewish Care, 2012.
- Jewish Care, 2012 Jewish Care; Working together to support meaningful lives, 2012.

Contacts

<http://www.jewishcare.org>

Links

http://www.skillsforcare.org.uk/workforce_strategy/workforce_innovation_programme/prevention/NToW22.aspx (includes video)

Further information

For further information about the health and social care integration work between Skills for Health and Skills for Care please contact:

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