



It is what you do -  
and the way that you do it.....

Report on:

Howbury Lodge  
Day Centre  
Friends of the  
Elderly

Malvern  
Worcestershire



University  
of Worcester

*Association for Dementia Studies*

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All names of people who contributed to the evaluation, including clients, family carers, professional colleagues and staff have been anonymised for the purposes of this report. The DCM report used as part of the methodology selected alternative names deliberately so that the report remained person-centred but protected the individuals who participated.



# Contents

Acknowledgements.....	5
Foreword .....	6
Introduction.....	7
Executive Summary.....	8
Description of the Service.....	12
The current evidence base for Day Opportunities for people living with dementia.....	13
Evaluation Process.....	16
Evaluation underpinned by VIPS Framework of person-centred dementia care .....	17
Valuing - Putting people first .....	21
Individualised approach – Personalisation of care & support .....	29
Perspective of service users – Look at it through my eyes.....	35
Social environment to support psychological needs – supporting dignity, respect and empowerment.....	39
Delivery of Specified Service Outcomes .....	44
Cost-Benefit Considerations .....	48
Conclusion .....	50
References .....	52



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Staff from Worcestershire County Council and the Worcestershire Mental Health Partnership NHS Trust have been extremely helpful in sharing their experience and expertise. This has added to the richness of the report.

Particular thanks must go to the people who attend Howbury Lodge Day Centre and their carers. They willingly and warmly contributed their time and experience - meeting them all has been a privilege.

# Foreword

It gives me enormous pleasure to write the foreword for this report. Friends of the Elderly asked me become a patron of their national charity back in 2005 when I was working at the University of Bradford. I knew their work and was impressed by the strong person-centred value base that permeated both the services they provided and the way in which they worked. I decided to accept and I have been pleased that I did ever since. It hasn't been an onerous task and I have enjoyed staying in touch with the work of the charity as it has developed its services to people living with dementia.

When I set up the department at the University of Worcester last year I was aware of the work of Howbury Lodge Day Centre as it is close by in my hometown of Malvern. Jenny Sykes and Jenny Blount from FotE approached me to see whether the Association for Dementia Studies would undertake an external formal evaluation of Howbury. This put me in a difficult position in terms of a conflict of interest in both being a patron and an objective evaluator. For this reason I asked Kate Read, a then newly appointed senior lecturer with ADS, to undertake the evaluation. I confirm that she has led on this evaluation and apart from some methodological advice, the evaluation has been carried out independently of my influence.

Although I expected the evaluation to be good because of my previous experience of FotE, I was so pleased when I read the final draft of this report to see how very well Howbury Lodge Day Centre had evaluated against the VIPS criteria of person-centred care. As Kate says in the report this is an exemplar of a day-care service. Day-care often gets stereotyped as being an inflexible and just providing bingo and a hot meal at best. Not so at Howbury Lodge Day Centre. The care and commitment that go into ensuring that people who attend have a really positive experience and that their families can rest easy knowing their loved ones are having a great day out is outstanding. This is particularly the case when you consider the complexity of needs that the staff cater for.

One of the projects that I wanted to develop at the Association for Dementia Studies was to use the VIPS criteria to identify *Centres of Excellence in Dementia Care*. Howbury Lodge Day Centre is such a centre of excellence. I hope they let us feature it on our website as a place where people can see how to deliver day care fit for VIPS.

Professor Dawn Brooker, Director Association for Dementia Studies

University of Worcester

# Introduction

This evaluation was commissioned by the national charity Friends of the Elderly from the Association for Dementia Studies (ADS) at the University of Worcester. This report is of a multi-level, in depth evaluation of the Howbury Lodge Day Centre (HLDC), which was undertaken from November 2009 to February 2010.

In 2008 Worcestershire County Council commissioned Friends of the Elderly to provide a day care service for people with dementia at Howbury Lodge. The day centre is based in a small purpose built unit located within a larger care complex for older people owned and run by the county council in Malvern. The service to be provided was specified as 10 places per day five days per week (Monday to Friday). The original contract period was 25<sup>th</sup> February 2008 to 25<sup>th</sup> May 2010. The service is an innovative partnership between the charity and both the commissioning and provider arms of the county council, with all parties committed to providing a high quality service.

Friends of the Elderly has undertaken a range of quality assurance and service monitoring activities throughout the life of the day service, both as part of their organisational quality assurance mechanisms and also in compliance with their service agreement with the county council. However the charity felt that an externally conducted evaluation would provide an additional in depth and objective account of the service provided and the challenges and opportunities encountered in developing and delivering the service.

The evaluation has been undertaken using a range of strategies and approaches developed from a person-centred dementia care value base and philosophy.



# Executive Summary

The evaluation of Howbury Lodge Day Centre (HLDC) was undertaken over three months (November 2009 to February 2010). The approach was underpinned by the VIPS Framework, created by Dawn Brooker, which she developed from her synthesis of existing evidence and definitions of person-centred dementia care. The framework identifies the elements required by a service aiming to promote high quality person-centred dementia care and strategies for determining service performance. Evidence for the evaluation was gathered from a range of sources and approaches including: Dementia Care Mapping; interviews with family carers of people attending HLDC; individual interviews with HLDC manager and staff; documentation review; and telephone and personal interviews with health and social care professionals who have used the service.

Key findings from the evaluation:

- The service is highly regarded by all who are in touch with it. It is viewed most positively as an outstandingly supportive resource for people with dementia and their carers.
- The service is clearly fulfilling the aim, objective and outcomes identified by Worcestershire County Council within the service specification. In the first two years of the service 77 people with dementia and their families have been supported. There is a constant waiting list for this service.
- The VIPS framework evaluation of person-centred dementia care (Brooker, 2007) found the service to be achieving above good quality in every indicator and excellence in 83% of the indicators, which is hugely impressive.
- The people who attend HLDC clearly meet the County Council's criteria of having moderate to severe dementia. From visits to carers and some clients in their own home it is apparent that they have a range of complex needs, which could prove challenging in a day setting, but which the staff team skilfully manage so that distress is minimised and wellbeing enhanced.

- The service is an exemplar of positive person-centred dementia care. The staff team are passionately committed to ensuring that all the people with dementia who attend the centre have a high quality service, which meets their individual needs, promotes their abilities and enhances their wellbeing.
- Carers are confident that their loved ones are well cared for and have an enjoyable experience, which has a hugely positive impact on their quality of life and ability to continue to care. The use of day services is often a compromise for carers; they appreciate that their loved one only tolerates or even actively resists day centre attendance but goes to provide essential respite for their carer. However, this is not the experience at HLDC. In the evaluation interviews and feedback carers reported that HLDC provided them with genuine respite and peace of mind to enjoy the time to themselves because they knew their loved one was also having an enjoyable day. One carer reported that when passing near to Howbury Lodge on other days of the week their loved one would ask with genuine excitement *"Can we go to my club?"*
- All professional colleagues interviewed reaffirmed the profoundly positive impact HLDC has had on the lives of people with dementia and their families, one commented; *"There's a transformation for people."*
- The evidence from the Dementia Care Mapping was compelling; the staff members all know the life story, preferences and needs of each of their clients and work tremendously well together to create a service which enables people with dementia to build on their strengths and to feel valued.
- The staffing ratio enables the team to deliver high quality person-centred dementia care, but also the positive and proactive approach of the manager and team appears to ensure that the culture supports and enhances individual strengths and need.

- The experience of attending HLDC provides everyone with opportunities for social engagement, emotional support, making a positive contribution, activities which were intellectually and physically stimulating and provided a range of interesting and enjoyable leisure experiences.
- The staff worked together well as a team; supporting each other and watching for anyone who showed the slightest indications of unhappiness or disengagement and intervening with a person-centred approach to address promptly.
- During the Dementia Care Mapping observations no episodes of negative interactions (Personal Detractions) were observed but conversely over 70 episodes of very supportive interactions (Personal Enhancers) were noted over the two days – which is exemplary practice!
- The physical environment is domestic in scale, which has enabled the team to create an atmosphere which is warm and welcoming. The resources, which the charity provides, make the environment stimulating and homely. Clients arrive each day as if coming to visit favourite relatives and staff work hard to foster that sense of wellbeing.
- The domestic scale of the room is both its strength and its weakness. Everyone is automatically part of everything that is happening. It is easy for staff to notice anyone appearing to disengage or show distress and to intervene or support each other in potentially challenging situations. However on days when all 10 clients are present and respite users also gravitate to the sitting room, it can feel cramped and activities needing space are not feasible.

- The ethos of the centre is to welcome anyone from the respite unit and this is inclusive and in accordance with the value base. Over the evaluation period the relationship with the respite unit has developed which appears to be creating greater scope to meet needs of day centre clients seeking a period of quiet during activities which the physical constraints of the environment and also welcome respite users.
- An excellent range of occupational diversity was observed and evidenced in documentation; activities promoted functioning across the full range of domains, cognitive, physical, emotional, functional, creative, social and expressive needs. Activities with high potential for engagement and wellbeing are emphasised, however the strength of HLDC lies not only in what happens but the way in which the staff members facilitate each activity and each person to maximise their enjoyment, achievement and sense of self.
- The care taken to make lunchtime a pleasurable and enabling experience is commendable. From empowering clients to assist in preparation, supporting people to make as many choices as practicable for them and by sitting with clients facilitating conversation and subtly supporting those with eating difficulties, the range and texture of the team's skills and knowledge is amply demonstrated. The ambience created is that of friends out to lunch at a cafe rather than a day centre, there are no indications of institutionalisation, which is fabulous.
- Some of the carers interviewed believed that without HLDC their loved one would be in a nursing home, a thought which some found unthinkable.
- HLDC provides a high quality service, which is making a significant contribution to the strategic vision of supporting carers and enabling people to remain in their own home.

## Description of the Service

The service was commissioned to provide person-centred day care for people with dementia who meet the county council's eligibility criteria. Whilst focused on older people the potential to support younger people with dementia was included within the specification. There are 10 places per day (50 per week), with a protocol agreed with the county council that people will usually attend for one or two days per week but may attend up to three days. This decision is made within the assessment undertaken by the social care teams but is reviewable on an individual basis in partnership between the social care team, manager of the service and family.

In the first two years of the service 77 people with dementia and their families have been supported. There is a constant waiting list for this service. At the point of the evaluation 22 people were receiving support from the service with a mix of one, two and three day's attendance. The majority of the 55 people who have left the service have moved into nursing home care, with a small number supported throughout their journey until they died.

The primary service objective specified by the county council was twofold: to enhance the quality of life of the person with dementia and to provide carer support/relief through regular day care opportunities. The criteria for the service was that people would have moderate to substantial/advanced dementia and low level physical care needs; the service is accessed through the assessment process undertaken by the county council's social care teams.

The service operates Monday to Friday and the core time is 9.30 to 3.30 with some slight flexibility for those not using transport. Worcestershire County Council separately commissions transport, with some families electing to bring their loved ones.

There are normally three staff members on duty throughout the day, including the manager, with an additional part-time member of staff covering the prime time 11-2. This enables a higher staff ratio to provide additional facilitation for pre-lunch activities, individual support for those needing assistance with eating as well as cover for colleagues to have a break without impacting on the clients' experience. This flexible staffing appears to work well.

The physical environment (discussed later) is domestic in scale. Whilst this can be a constraint to activities needing space or those seeking quiet space, the charity has maximised the positive benefits by making the room homely and welcoming with sufficient decoration and features to make it an interesting environment in which to spend time. They try to avoid a

sense of clutter by forward planning so that resources are brought out each day that will appeal to that specific group of clients. The room also includes features such as fresh flowers arranged by some of the clients. The overall impact is one of warmth and engagement.

## The current evidence base for Day Opportunities for people living with dementia

The development and provision of dementia services in England is located firmly within the governmental strategy and policy framework drawn together in **Living well with dementia: the National Dementia Strategy** (DH 2007). Day opportunities sit fundamentally within Objective 6: Community personal support services and within Objective 7: Services within the Carers' Strategy. However day services can also contribute to the achievement of other strategy objectives.

Included within The Joint Commissioning Framework for Dementia (DH 2008) are recommendations for commissioners to:

- provide short-break opportunities for carers.
- implement *Putting People First* personalisation changes
- give consideration to flexibly combining specialist day services and day hospital models to:
  - provide intensive treatment and support that enables the person with dementia to return home in the evening;
  - provide person-centred activities that maximise the service user's skills;
  - work closely with specialist integrated teams to provide a comprehensive assessment of an individual's future care needs e.g. need for respite, residential or social care

Within the framework Objective 7: Services within the Carers' Strategy makes reference to The National Audit Office report, *Improving services and support to people with dementia and their carers* which acknowledges that carers are the mainstay support for people with dementia who live in the community, but recognises that carers also have higher than average levels of depression. Living with a carer is also a strong protective factor for a person with dementia remaining living in the community and avoiding entry to institutional care. The commissioning framework in drawing on this evidence recommends flexible and responsive services, such as short breaks, in a variety of settings, on a planned or emergency basis, including day services.

Day care is included within the service domains of the NICE/SCIE dementia guidelines both in terms of “mainstream” and “specialist” day services. The NICE/SCIE guidelines could identify no studies that looked at the balance of outcomes for the person with dementia and those for the carer and the impact of services, which genuinely aspire to do both.

However there is evidence of the importance of day care in supporting highly dependent people with dementia to remain home with family carers. This evidence is most frequently drawn from qualitative studies of carer experience and from studies of carer stress and protective factors. (Gaugler et al 2003, Mossello et al 2008, Sussman and Regehr 2009). The NICE/SCIE guidelines refer to the extensive literature on carer stress developing from the work on psychological distress of Donaldson et al (1998), and also Schulz & Beach’s work on physical health problems. The NHS Economic Evaluation Database (NHS EED) in reviewing Gaugler et al’s study found the authors’ to have made a case for day care reducing carer stress in both short (3 months) and long term (1 year) and were persuaded that day care achieved improvement in quality of life for the carers at “relatively modest daily cost”

The studies by Mossello et al (2008) and Sussman and Regehr (2009) also found that day care had the potential to impact on behaviours which others might find challenging and to maintain or even improve the cognition and functioning of people with dementia attending the centres. These findings echo those of Femia et al (2007) and Weber et al (2009). Both studies tentatively found reduction in the behavioural or psychological symptoms associated with dementia (for example anxiety and sleep related problems).

The SCIE position paper 10: Seldom heard - developing inclusive participation in social care (2008) includes examples in which people with dementia felt heard and supported in activities, including a case study of a day opportunity centre for people with dementia. The SCIE knowledge review 13: Outcomes-focused services for older people (2007) identifies outcomes particularly important to older people with dementia, including personal safety, social contact, opportunities to be active, having control over everyday life and feeling valued and respected. It is important that the role of day services in promoting these outcomes is acknowledged.

There are currently no nationally agreed standards for the provision of day care for people with dementia (Reilly et al., 2006). Possibly linked to this, the evidence base for day opportunities as a complete service model is limited. Much of the evidence on effectiveness is therefore drawn from studies relating to specific activities or aspects of the care provided.

Despite the acceptance of a person-centred philosophy of care the National Audit Office cite the findings of Gilliard et al (2005) that meaningful occupation is not highly prioritised when commissioning services for

people with dementia. The NICE/SCIE guidelines cited evidence that staying active was important to adjusting to diagnosis by people with dementia (Alzheimer's Society & Mental Health Foundation, 2008). This was seen as having an ongoing benefit but recognising the challenge that often activities had to be adapted to accommodate changes due to dementia. Again the study by Fitzsimmons and Buettner (2002) was cited as useful in that it found that for people in later stages of dementia activities such as cooking, exercise, animal assisted therapy had a significant impact on agitation and passivity improved.

When people with Alzheimer's dementia were asked to think about how they might be in the future they were reported to be concerned with loss of independence and having to rely on others for activities of daily living (Frazier, Cotrell, & Hooker, 2003). So care that is provided with an enabling collaborative approach and encouragement to help with daily tasks is likely to produce raised self-esteem.

Group support is seen to have a positive impact on people's perceptions of themselves and social isolation (Roger, 2008). A safe environment for expressing emotions is important to supporting people with dementia (Katsuno, 2005), Carek's (2004) finding that having opportunity to express feelings and socialise was rated as important and useful by people with early-stage dementia points to the value of group rather than individual home-based approaches.

People with dementia reported psychological coping was important in adjusting to diagnosis by (Alzheimer's Society & Mental Health Foundation, 2008). People found individual strategies but support of peers and humour was commonly valued as helpful and encouraging.

In summary, day opportunities have a part to play in realising the National Dementia Strategy. The contribution needs to focus on approaches which create a real sense of respite for the carer, providing them with a break which they can enjoy with confidence, knowing their loved one is being compassionately cared for and enjoying their experience. There is evidence that appropriate support to carers will substantially delay admission to residential or nursing home care. There is a prevailing stereotype that day care typically provides lunch and bingo. However the evidence base emphasises the benefit of day provision which specialises in dementia care providing a range of therapeutic activities delivered in an individualised and person-centred manner. Sensitively provided dementia day support approached in this way has the potential to promote quality of life and sense of wellbeing thereby maintaining functioning and extending the potential for community living.



# Evaluation Process

The evaluation was undertaken over a 3-month period from late November 2009 to February 2010. The approach taken was multifaceted but underpinned by tools and approaches derived from the theoretical perspective to person-centred dementia care developed by Kitwood (1997) and Brooker (2004). These key principles provide a basis for quality dementia care.

Central to the evaluative approach has been the use of:

The VIPS Framework tool (see below)

Supported by:

- Dementia Care Mapping (over a two day period totalling 11 hours)
- 8 in-depth semi structured interviews with the family carers of people attending HLDC
- Individual interviews with staff team (including bank staff member)
- Individual interview with manager
- Informal observation and conversations with clients over 3 month period
- Telephone and personal interviews with professionals with significant involvement with service
- Review of day centre documentation, records and processes supporting the running of the centre
- Review of previous reports including previous internal DCM reports
- Attendance at team meeting
- Review of literature and policy relating to day care provision for people with dementia

More detail on Dementia Care Mapping and the pro formas used to collect evidence and frame interview questionnaires is available on request.

# Basis of DCM and VIPS Framework

The fundamental principle underpinning this evaluation is person-centred dementia care. Tom Kitwood developed the basis of person-centred dementia care derived from his basic tenet of personhood as: *"A standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust."* (Kitwood, 1997 p8)

Dementia Care Mapping (DCM) is a set of observational tools that have been used in formal dementia care settings such as care homes and day care facilities in the UK since 1991. It was developed by Kitwood as an instrument for developing person-centred care. In his final book, *Dementia Reconsidered*, Kitwood described DCM as:

*"a serious attempt to take the standpoint of the person with dementia, using a combination of empathy and observational skill"* (Kitwood 1997 p 4.)

When carrying out observations or a 'map' each dementia care mapper will observe up to five people with dementia continuously for a number of hours. What they write down attempts to capture the experience of care from the perspective of the person with dementia.

Dementia Care Mapping has taxonomies for each of the key aspects observed: behaviour, mood and engagement, personal detractors and personal enhancers. There include

23 *Behaviour Category Codes (BCC)* each denoted by a letter (e.g. F = eating and drinking);

*Mood and Engagement (ME)* values scaled from -5 to +5 representing how engaged the person is and whether their mood is positive or negative;

*Personal detractors (PDs)* which are staff behaviours that have the potential to undermine the personhood of those with dementia; and

*Personal Enhancers (PEs)*, which are, staff behaviours that are thought to enhance personhood. These are described and coded according to type and the degree to which it is thought they enhance or undermine personhood.

Thus the DCM tool provides a great deal of detail about:

- How individual and group care facilitate levels of well-being and ill-being vary within group care facilities across the day.
- It identifies which participants have relatively high well-being and who has low well-being and whether there are significant changes in this over time.
- How people with dementia spend their time and how this is linked to their relative well and ill-being.
- Staff behaviour that promotes person-centred care and staff behaviour that will undermine person-centred care.

The VIPS Framework for person-centred dementia care was developed by Dawn Brooker (2004) as an attempt to synthesise existing evidence and to define the essential elements of person-centred dementia care. The acronym VIPS was used to summarise the defining elements of person-centred care as follows:

- V** A value base that asserts the absolute value of all human lives regardless of age or cognitive ability.
- I** An individualised approach recognising uniqueness.
- P** Understanding the world from the **p**erspective of the service user.
- S** Providing a social environment that supports psychological needs.

In order to provide person-centred care that supports the person-hood of people with dementia care providers need to attend to each of the VIPS elements (Brooker, 2004).

The VIPS Framework Tool was conceived as a structured approach based on these elements to describe person-centred care in practice (Brooker, 2007). For each element, six indicators were derived which enables evidence gathering to support the identification of how effectively person-centred dementia care is being delivered. Each indicator is rated on a four-point scale, which identifies whether the care provider is delivering the indicator at an adequate, good or excellent level or whether this is an area where a lot of work is still required.

For each indicator the evaluation team used the evidence available to award a rating as follows: -

**Excellent:** This is where there is no doubt the provider is reaching the highest standards within the indicator and that they have maintained this over a period of time and it is consistent across their whole service.

**Good:** This is where the care provider has achieved a high standard against the indicator but they have some concerns about the consistency or sustainability of the standard in some areas of their service.

**OK:** This is an adequate performance where the provider can evidence the indicator being met most of the time or they have elements of good practice that could be introduced more widely across the service.

**Need to work on this:** This is where there is no evidence that the care provider has any processes in place to address the indicator or where they need to identify the blocks to it happening on a consistent basis.

The outcomes of the evaluation are discussed using the four elements and their respective indicators to provide a structure for the analysis.

# Evaluation

The overall performance of HLDC on the 24 VIPS indicators is shown in Table 1.

**Table 1: HLDC – VIPS Framework Summary**

<b>Valuing people with cognitive disabilities and those who care for them</b>	
V1 <b>Vision</b> - Is there a vision and mission statement about providing care that is person-centred?	Good
V2 <b>Human Resources Management</b> – Are there systems in place to ensure staff feel valued by their employers?	Excellent
V3 <b>Management Ethos</b> – Are management practices empowering of staff who are delivering direct care?	Excellent
V4 <b>Training and Staff Development</b> – Are there practices in place to support the development of a workforce skilled in delivering person-centred care?	Excellent
V5 <b>Service Environments</b> – are there supportive and inclusive physical and social environments for people with cognitive disability?	Good
V6 <b>Quality Assurance</b> – Are continuous quality improvement mechanisms in place that are driven by knowing and acting upon needs and concerns of service users?	Excellent
<b>Individualised Care – Treating People as Individuals</b>	
I1 <b>Care planning</b> – Do you identify strengths and vulnerabilities across a wide range of needs and have individualised care plans that reflect a wide range of strengths and needs?	Excellent
I2 <b>Regular Reviews</b> – Are individual care plans reviewed on a regular basis?	Good
I3 <b>Personal Possessions</b> - Do service users have their own personal clothing and possessions for everyday use?	Excellent
I 4 <b>Individual Preferences</b> – Are individual likes and dislikes, preferences and daily routines known about by direct care staff and acted upon?	Excellent
I5 <b>Life History</b> – Are care staff aware of basic individual life histories and key stories of proud times, and are these used regularly?	Excellent
I6 <b>Activity and Occupation</b> – Are there a variety of activities available to meet the needs and abilities of all service users?	Excellent

<b>Personal Perspectives – Looking at the world from the perspective of the Person with Dementia</b>	
P1 <b>Communication with Service Users</b> – On a day-to-day basis are service users asked for their preferences, consent and opinions?	Excellent
P2 <b>Empathy and Acceptable Risk</b> - Do staff show the ability to put themselves in the position of the person they are caring for and to think about decisions from their point of view?	Excellent
P3 <b>Physical Environment</b> – Is the physical environment -eg noise, temperature- managed on a day to day basis to make people with dementia feel at ease?	Good
P4 <b>Physical Health</b> – Are the physical health needs of people with dementia, including pain assessment, sight and hearing problems, given due attention?	Excellent
P5 <b>Challenging Behaviour as Communication</b> - Is 'challenging behaviour' analysed to discover the underlying reasons for it?	Excellent
P6 <b>Advocacy</b> – In situations where the actions of an individual with dementia are at odds with the safety and well-being of others, how are the rights of the individual protected?	Excellent
<b>Social Environment</b>	
S1 <b>Inclusion</b> – Are people with dementia helped by staff to be included in conversations and helped to relate to others? Is there an absence of people being talked across?	Excellent
S2 <b>Respect</b> – Are all service users treated with respect, with an absence of people being demeaned by "telling off" or labelling?	Excellent
S3 <b>Warmth</b> – Is there an atmosphere of warmth and acceptance to service users? Do people look comfortable or intimidated and neglected?	Excellent
S4 <b>Validation</b> – Are people's fears taken seriously? Are people left alone for long periods in emotional distress?	Excellent
S5 <b>Enabling</b> – Do staff help people with cognitive disabilities to be active in their own care and activity? Is there an absence of people being treated like objects with no feelings?	Excellent
S6 <b>Part of the community</b> – Is there evidence of service users using local community facilities and people from the local community visiting regularly?	Excellent

# Valuing people with cognitive disabilities and those who care for them

**V 1 Vision** - Is there a vision and mission statement about providing care that is person-centred? **Rating: Good**

Friends of the Elderly as an organisation has a clear vision and mission statement consistent with the delivery of high quality person-centred care. The values of the organisation are explicitly person-centred both in respect of the people cared for and the staff:

“We believe in:

- The unique worth of each person at all times
- The rights of the older person to the resources necessary to maintain a decent quality of life
- The importance of holistic care and support
- The value of community interaction
- A consistently professional approach
- Valuing people's passion and skills”

website <http://www.fote.org.uk/about-us/vision.aspx> [Accessed 15<sup>th</sup> Feb 2010]

That mission statement is well known at HLDC (written evidence provided) and staff talk readily (with specific examples) of care and support for their clients, which demonstrate the key principles of valuing the uniqueness of each person. The charity's general publicity material also embodies that vision, although HLDC does not have its own material. The staff team also talk comfortably and knowledgeably about the objective for the service as promoting the wellbeing of the clients, providing respite for carers and ultimately enabling people to live at home for as long as possible.

The experience of mapping the service provided many examples of all staff members delivering person-centred care, which promoted the wellbeing of each of the clients of the service. There was a clear understanding from all members of the team that the service focus was to provide a day, which was enjoyable, and relaxing, that provided a variety of activities that enabled people to use the abilities they had and to be appreciated for their achievements. People were encouraged to help in a meaningful way and received genuine thanks for their contribution.

Staff members were well able to turn potentially stressful situations into opportunities for clients to succeed. For example one lady, who, throughout the day had shown some anxiety about being collected, was the last person in the centre. So she was encouraged to help staff tidy the

room by Hoovering (which she found both soothing and satisfying) whilst waiting for her daughter. This was a hugely skilful piece of work, which promoted her self-esteem at a time when she could have felt considerable anxiety.

The interviews with carers reinforced that staff actively promote that vision and in particular the outcomes identified. Carers had many examples of their loved one coming home having had a good day. Most telling was that all the carers had confidence in the service and knew that the person they cared for would be well cared for and looked forward to going to “their club.”

**V 2 Human Resources Management – Are there systems in place to ensure staff feel valued by their employers? Rating: Excellent**

It is significant that the charity includes valuing the skills and passion of staff within its formal mission statement. In the course of the evaluation a range of managers at different levels in the organisation have demonstrated by their approach how much they value their staff teams. It is clear, both from observed interaction and individual interviews, that staff have a strong sense of the value the organisation places on them individually and as a service. The staff team also has evident respect for the skills and knowledge of the manager and of managerial staff higher in the organisation but also they relate to each other with warmth as well as professionalism.

From viewing records it is clear that there are systems in place to provide support both as a team through formal and ‘end of the day’ informal staff meetings and individually through one to one meetings with a line manager. It was clear from the interviews with the staff team that they felt valued by their manager, citing examples where effort had been noted with warm and sincere praise. Likewise debriefing is a regular feature observed in the service.

In the manager’s interview it was clear that she knew her staff as people and supported them employing an equally person-centred management style. As a consequence she felt that the staff team were committed to the clients, the service and each other. When asked she felt she “couldn’t ask for more either from the staff team or the organisation.” The organisation has a strong culture of thanking staff both personally and in writing for their contribution.

It is noteworthy and hugely to the credit of the staff team that throughout the evaluation they maintained a consistently positive approach, and even though uncertainties in the future contract for the service were acknowledged by the service manager in a team meeting no staff talked about this negatively even in individual interviews.

**V 3 Management Ethos** – Are management practices empowering of staff who are delivering direct care? **Rating: Excellent**

The manager is able to provide strong leadership but at the same time ensure that the overall style of management is democratic and participatory. Her personal value base is strongly person-centred and the training she has received, particularly in Dementia Care Mapping, has validated that perspective as well as provided tools to ensure that the service is enhancing the well being of people with dementia and their carers.

She has a very “hands on” approach, which enables her to lead by example. She was clear that she wouldn’t expect anyone to do something that she wouldn’t do herself. Indeed during the evaluation it was noted that she was fully engaged in all aspects of life in the centre, attending review meetings, providing personal care, joining in/sometimes leading in the activities, fun and social life of the centre, talking with relatives. A carer commented; *“The manager is superb, up to her elbows in everything, but still with time for us”*

One of the strengths of the service is that it is based on a small consistent team with a range of complementary skills and knowledge. It was evidenced both from observation and individual discussion that there was an extremely strong team ethos (part-time and bank staff were also included as full members). Staff supported each other (and the manager) in day-to-day situations, seamlessly taking over from each other when appropriate.

In particular it was clear that people felt empowered to take a lead in devising and delivering new activities. On one of the days when DCM observations occurred, the newest member of staff piloted two new activities she had created herself (a game based on music enjoyed by and familiar to clients, and a quiz based on local road and place names). She had been empowered to do this (and it appeared to be usual practice) but also was comprehensively supported by her manager and colleagues in running the activities.

It was also notable that one of the activities was introduced to the day centre clients as a new activity created by the staff member, which appeared to elicit considerable goodwill from the clients. This suggests an empowering ethos to which they were also comfortable to contribute. This underlines how far that democratic, empowering approach has permeated the culture of the centre. Both activities were creative and had required considerable preparation, which was acknowledged by the manager. After the activities all (manager, staff and clients) discussed them, feeding back to the member of staff how much they were enjoyed. Discussion with staff



and detail of current and previous months' activity programmes demonstrated that this was common practice.

**V 4 Training and Staff Development** – Are there practices in place to support the development of a workforce skilled in delivering person-centred care? **Rating: Excellent**

The organisation has in place a training strategy to develop the core knowledge, skills and approaches of good person-centred dementia care. This strategy is core for all staff and leads them through a series of levels of required knowledge and skills using well-regarded sources and resources (University of Stirling, Alzheimer's Society, FotE/Bradford Dementia Group, Dementia Care Matters). At induction core elements are covered and staff have opportunity to progress through the levels. There are also opportunities for distance learning at more advanced levels.

However the key evidence of a person-centred approach to staff development lay in the individual, ongoing training plans for each staff member. All staff were able to talk about training they had received, their application to practice and give examples of individual and team needs identified and responded to constructively by the organisation. One such example was training provided to support a newly promoted staff member to become confident in her changed role. Other examples included a staff member undertaking the training to achieve the Basic User status for Dementia Care Mapping

**V 5 Service Environments** – are there supportive and inclusive physical and social environments for people with cognitive disability? **Rating: Good**

The day care service is based in one wing of the Howbury Lodge complex; it shares the wing with a small dementia respite unit (staffed by the local authority). The wing is connected to the main building by a corridor but also has an independent entrance; shared with the respite unit, through which clients and visitors access the centre. The Howbury complex, including the day unit, was developed by the council as a purpose built resource for older people.

The day unit comprises of a cosy sitting room of domestic proportions with two recessed areas each accommodating a dining table for up to six people. A domestic kitchen leads directly from the sitting area accessed through a glass door with additional windows to create extra light and to enable supervision when staff or clients are in the kitchen. From the kitchen is a patio door leading to a good-sized pleasant and secure garden, which the team have begun to develop imaginatively. From the sitting room there is also a corridor leading to the toilet usually used by the day centre and a dual entrance bathroom, which can be accessed from either the day centre or respite unit. On that corridor is located the office shared by the day and

respite service managers and two bedrooms which are part of the respite service

During the evaluation period the County Council has undertaken structural alterations to meet CQC requirements for the respite unit. As a result the day and respite service managers now share a small office (which had previously been used by the day centre as a quiet area) and a further lounge for respite users has been created from the two offices previously used by the managers.

The first impression when people come into the unit is that it is warm and homely; the emphasis is on creating an interesting and stimulating environment in which it is pleasant to spend time. A range of non-institutional props, pictures, and suspended model planes, fresh flowers arranged by clients and the results of various art and craft activities help to achieve this.

The main area of the sitting room has capacity for ten people and the staff to support them. There is no doubt that this has the potential to create an environment, which could feel cramped and with a risk of being noisy. The staff team strive to maximise the positives of this environment, although two staff commented that although they liked the domestic scale it was potentially too busy when all 10 clients were in and others gravitate from the respite unit. The ethos of the centre is to welcome anyone from the respite unit and this is inclusive and should be recognised as in accordance with the value base.

Early in the evaluation it appeared that the changes to the respite unit could further limit the space in the day unit by redesignating the quiet lounge. In good weather the access into the garden may open up the space and create an outside opportunity for clients seeking quiet, however in poor weather options are now severely limited. It was originally hoped that relationships could be built with the respite unit and by the end of the evaluation period that appeared to be developing well. This creates scope to meet needs of day centre clients seeking a more tranquil environment during activities and responding to respite users drawn to the activities, thereby making best use of the physical constraints in the environment.

Thus the domestic scale of the room is both its strength and its weakness. Everyone is automatically part of everything that is happening, and it is easy for staff to notice anyone appearing to disengage or show distress so can intervene or support each other in potentially challenging situations. However there may be times when it can feel cramped and activities needing space are not always feasible.

That said the design of the main area does allow for easy orientation within the room and into the kitchen and garden. This enables people to get involved in domestic tasks, which clearly enhances their well being and

helps them to feel that they are still able to make a contribution. With positive approaches across the respite and day units people may be able to develop an appropriate and safe walking path.

It could be helpful if further consideration were given to visual cues in the corridor leading to the toilet and bathroom. People were observed going into the empty bedrooms, this might be reduced if visually led towards the lounge more overtly and with stronger cues also leading to the toilet.

Staff were clearly proactive in facilitating people to move around the centre and in particular responsive but discrete when people needed to go to the toilet. All the staff clearly understood the cues and signs that each person needed to make the most of their environment and communicated with them effectively.

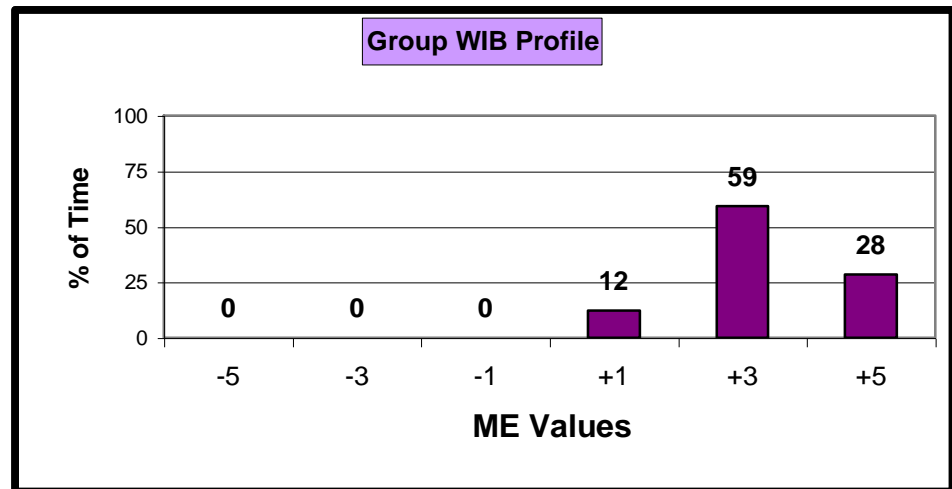
In terms of a social environment the team have created something which feels to be unique in terms of its positive and enhancing qualities. The people attending the centre clearly fall within the criteria of having moderate or severe dementia and have significant needs; seeing people in their own homes reinforced how skilful the team are in enhancing people's well being. From home interviews it appeared that most clients operated at least as confidently in the centre as in their own home environment.

**V 6 Quality Assurance** – Are continuous quality improvement mechanisms in place that are driven by knowing and acting upon needs and concerns of service users? **Rating: Excellent**

Quality assurance is one of the strengths of the service. This evaluation used Dementia Care Mapping as one of the tools to understand the service from the viewpoint of the service users. The outcomes of this were extremely positive. The service was mapped for 11 hours over two days; over that entire time none of the clients spent a time frame in a negative score for wellbeing and the group average for both days was above +3 wellbeing (+3.3 on Monday and +3.1 on Tuesday).

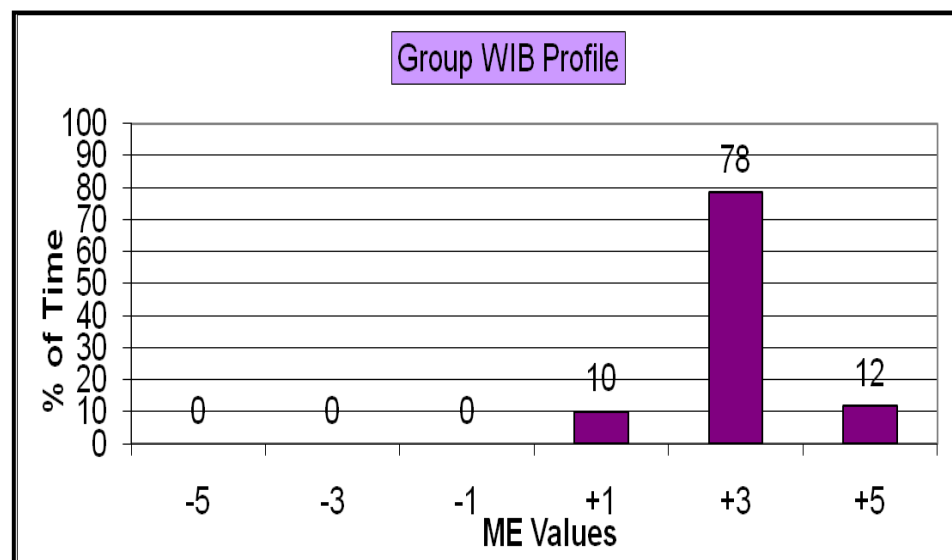
Figure 1 below shows the high level of well being experienced by all the clients on the first day of mapping, 88% of the time was spent in +3 mood and engagement (ME) or above. It was even more rewarding to experience every member of the group spending some time in the highest value (+5) mood or engagement, and the combined well being profile for the group showed that they spent more than a quarter of their day in that highest category.

**Figure 1: Summary of DCM data from Monday 18<sup>th</sup> January 2010**



Whilst both days had a range of activity to focus on a variety of skills (physical, cognitive, functional, creative etc), the second day mapped had a gentler pace, which appeared to meet the needs of those attending. On the second day mapped 90% of the time was spent in +3 mood and engagement or above. Again every member of the group spent some time in the highest value (+5) mood or engagement. This is something, which services strive for but is frequently not achieved.

**Figure 2: Summary of DCM Data from Tuesday 19<sup>th</sup> January 2010**



In terms of quality assurance however the most crucial element of the service is that mapping is already a regular feature of the quality processes. This inclusion of mapping in the quality assurance process is particularly

significant in that review of the last two maps (conducted on different days of the week) show similarly positive outcomes for the clients attending on those days.

Also positive was the staff team's appreciation of the mapping process, they were able to articulate what they had learned from previous maps and how that had been implemented. Mapping for the evaluation had noted the staff team's excellent use of non-verbal communication, particularly warm engaging facial expressions to which clients happily responded. In discussion staff members commented that this was as a direct result of feedback from previous maps. The manager has also been trained as a basic Dementia Care Mapper which has added to her understanding of the principles and approach but also enables this quality strategy to be further embedded within the service.

From discussion and examination of documentation it is clear that the service does not rely solely on Dementia Care Mapping but also monitors quality using a range of approaches, some of which are subsequently reported to the County Council to support their contract compliance and monitoring requirements. In addition to statistical data these include annual questionnaires to family carers (last completed August 2009) and satisfaction questionnaires for professionals involved with the service. Comments in the surveys are consistent with those made during evaluation:

*"Dad always seems to enjoy his day at the centre, especially the warmth of the staff. They seem to be able to make their guests feel special."*

*"Just to add that the day care service provided at Howbury Lodge Day Centre is wonderful and we as a family would be lost without it. A wonderful service and an amazing team! "*

Observation and mapping also provided evidence of the inclusive approach staff have to ensure that everyone who attends makes every choice they can and are fully involved in decisions, not solely in relation to their own needs but in the overall service.

# Individualised Care – Treating People as Individuals

**I 1 Care planning** – Do they identify strengths and vulnerabilities across a wide range of needs and have individualised care plans that reflect a wide range of strengths and needs. **Rating: Excellent**

As part of the evaluation process care plans were sampled; and it was clear that these are used as the basis for intervention. Life histories are developed as a matter of course as part of the services assessment and care planning process. The documentation used by the charity is very person-centred and the assessment and plans reviewed were very individual and drew from a strengths based approach. That said any needs were also noted and addressed. It was also noteworthy that the review of documentation also demonstrated that the staff made their notes and assessments using person-centred language and approaches.

Whilst observing practice it became clear that the staff team knew their clients well and how skilfully they supported or facilitated engagement both in the daily routines and rituals of the centre. These included: choosing lunch; having drinks on arrival and before leaving; singing and dancing; and in taking part in planned or spontaneous activities and fun. Staff were skilful in always inviting everyone to share in accomplishing tasks or activities. They facilitated those who needed support, encouraged those who were unsure and found alternatives for those to whom a particular activity did not appeal, making the decision not to do something a positive choice to do something else. Thus everyone felt comfortably part of the “club”, supported to achieve throughout the day.

One of the positive features of the compact environment is that staff were also more readily able to observe when people started to withdraw and were able to maintain an activity whilst also responding to the needs of an individual. A skilled example of this was observed during mapping. A member of Staff identified that a lady wasn't interacting with anyone and was looking slightly bored with the activity she had initially chosen. So the member of staff asked the lady to sit next to her whilst she was having her nails polished. Although the member of staff was having her nails done by another client (whose well being was maximised by the member of staff trusting her to polish her own nails), she held the lady's hand and involved her in the conversation. It was beautifully done and very skilful, the first lady's well-being improved immediately and the other client blossomed with the responsibility of polishing a staff member's nails

One carer, when interviewed, commented on how supportive she had found it when the manager rang her to discuss the team's concern that her husband had lost the ability to use a knife and fork within a timescale they found unusual. This reaffirmed the carer's concern so she felt empowered

to discuss the issue with her husband's doctor, his medication was reviewed and as a result he has regained those skills. This exemplifies both the team's ability to identify individual needs and changes and to have a partnership with carers that support proactive intervention.

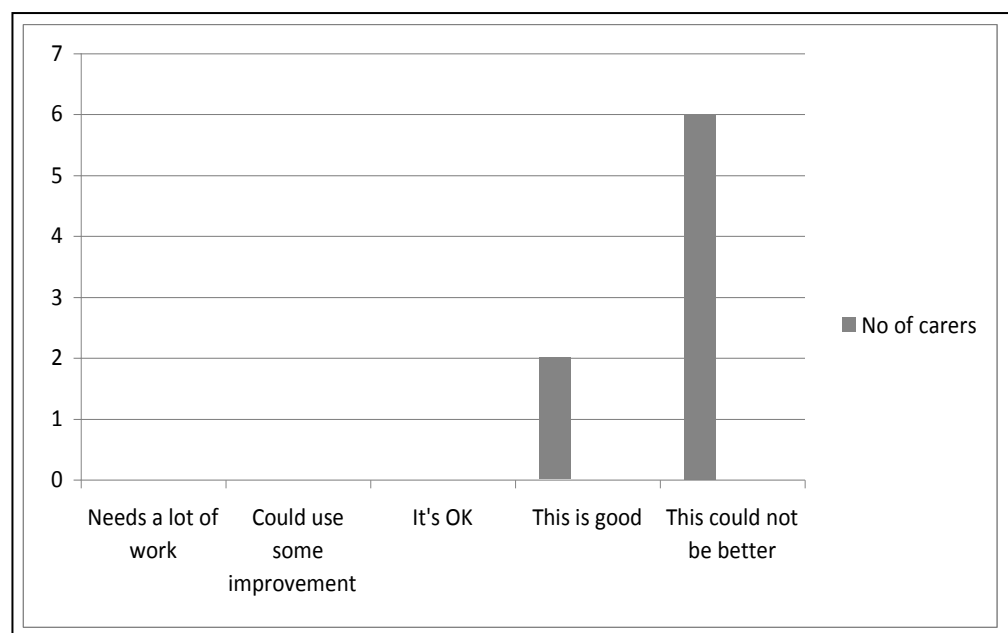
**I 2 Regular Reviews – Are individual care plans reviewed on a regular basis? Rating: Good**

There is documentary evidence from sampled care plans that they are reviewed and up dated at least every six months but also in response to individual need; this is largely an internal exercise. The service attends formal multi-disciplinary meetings called by health and social care colleagues but does not itself conduct traditional reviews:- bringing in the person, families and other professionals. In interview carers were happy with this approach, indeed there was a suggestion that experience of being invited to reviews in a previous service had created stress and concern that the service might be terminated.

*"The council do that I think (formal care package review) – I always worry they might say he can't go – then I wouldn't be able to cope any more – but how could I live with myself if he was in a home and I was here."*

There was no concern from carers about communication to or from HLDC and the care provided to their loved one was well received (see Figure 3 below). Carers most valued the photos the service took and sent to them to give a sense of what their loved one did and how they enjoyed it.

**Figure 3: CARERS' RATING: How HLDC cares for their loved ones**



One set of carers who were not co-resident would welcome more short written "reports" from the centre to help them in their role caring at a distance but were not advocating the concept of attended reviews. Other professionals were confident in HLDC's ability to monitor and review situations and raise issues in a timely and appropriate manner.

**I 3      Personal Possessions** - Do service users have their own personal clothing and possessions for everyday use? **Rating: Excellent**

At a day service people arrive each day with their own clothes and possessions. Clear arrangements have been made with families where changes of clothes are sometimes required, so spare clothes are kept clearly labelled to preserve dignity and identity. The small scale of the centre enables staff to respond positively when people bring in photos or possessions which are significant to them and these have been followed through with carers to maximise the staff's understanding of the significance and to maintain or develop on this in future activities.

**I 4      Individual Preferences** - Are individual likes and dislikes, preferences and daily routines known about by direct care staff and acted upon? **Rating: Excellent**

One of the greatest strengths of a small service is the potential for each client to be known and understood as an individual. At HLDC it is hard to suggest how this could be improved. Documentation provides evidence of this being collected in a systematic manner; staff briefings convey all relevant information effectively. But because the staffs are truly committed to the people, they go out of their way to seek out information, and to share it with each other in a caring but professional manner. Discussions with staff amply demonstrated how well they knew each person, and they had relished the opportunity afforded by the snow to visit people at home both to check that they and their carers were coping but also to gather additional information and insights into each person's life.

The information is both known and acted upon. The team know preferences and strengths and facilitate those, but also they understand aspects of daily living that may cause stress for an individual and support people to develop confidence or to avoid such situations by proactive intervention. This knowledge is used in developing activity plans for each group on each day and informs how the activities are conducted.

Moreover observation provided a wealth of examples of skilful intervention based on knowledge of the individual. An observed creative session provided a variety of activities that played to the strengths of the group: a lady who had previously arranged church flowers helped a friend to arrange the flowers for the week; others painted; whilst another lady knitted with fierce determination and another lady who had previously



sewn sorted and then sewed blanket squares. However one gentleman was individually supported to do a jigsaw instead, which he clearly loved.

Each person achieved far more than occupation that morning. Again whilst facilitating a game of quoits staff added to people's enjoyment with banter based on knowledge of what people enjoyed and how people liked to do things. Everyone was enabled to succeed with staff using subtle understanding of who liked targets brought closer and who regarded that as "cheating". Every success was celebrated.

**I 5 Life History** – Are care staff aware of basic individual life histories and key stories of proud times, and are these used regularly?

**Rating: Excellent**

The files on each person included a life history drawn up predominantly by family members in discussion with staff or completed and returned to the centre. It was clear from interviews with all staff that they appreciated the importance of life history and everyone could give examples of using seemingly small but important details to lift mood or to engage a person in a conversation that they could maintain and thereby increase their self esteem as well as reinforce their identity.

The Dementia Care Mapping detailed a number of examples of biographical details used to positive effect:

During lunch a lady became anxious about her daughter and the time she would be collected, three members of staff in turn reassured her. During this time the member of staff managed to turn the conversation from the lady's daughter to her son and started to talk about his love of Northern Soul music and dance, this was done very skilfully and got other clients at the table talking about music and dance. This seemed to get her to focus on her son and other topics rather than her daughter's time of arrival

A member of staff was doing a quiz mentioned Dorset. This roused a gentleman who had his eyes closed for a few minutes; he immediately started reminiscing about his childhood in Dorset. The member of staff did not interrupt him but encouraged him to talk for as long as he wanted to skilfully drawing it into the activity for all the other members.

On other occasions staff were observed using French phrases to a woman who had been brought up in the Channel Isles, this made the woman laugh and respond enthusiastically to the staff members. Another client originated from Holland; a staff member had collected books and memorabilia, which were used effectively to lift her mood.

On another visit a client brought in a photo in which he was wearing regency costume. Much was made of the photo on the day, but more impressively staff followed this up and discovered his interest in amateur

dramatics so used contacts to take him behind the scenes at the local theatre. These examples demonstrate not only the staff commitment to gathering information but also their understanding and skilled application of that knowledge over and above traditional day service expectations.

One of the carers commented on how much it meant to her that the centre knew when her birthday was coming up and helped her husband to bring home a card and flowers on the day. To her it felt that they used knowledge of his life history to maintain their relationship, to her for a few minutes she again saw the love her husband shared with her for many years

**I 6 Activity and Occupation** – Are there a variety of activities available to meet the needs and abilities of all service users? **Rating: Excellent.**

As indicated previously the centre has a domestic scale, which reduces scope for activities requiring space or special equipment. That said the range of activities observed were admirable, on each day a range of activity was delivered which enabled everyone to participate to the fullest of their ability.

Each day there were activities which encouraged everyone to partake of some physical exercise, creative activities (a variety of crafts and also singing and dancing), activities focused on cognitive skills (quizzes, games, including many which had obviously been created by the staff team), activities which prompted reminiscence, and a plethora of discussions and conversations. Whilst many activities involved the whole group, others were consciously focused on giving individual attention and support to the more vulnerable. Again the mapping provided significant evidence of the spread of activities and the needs and strengths supported by them.

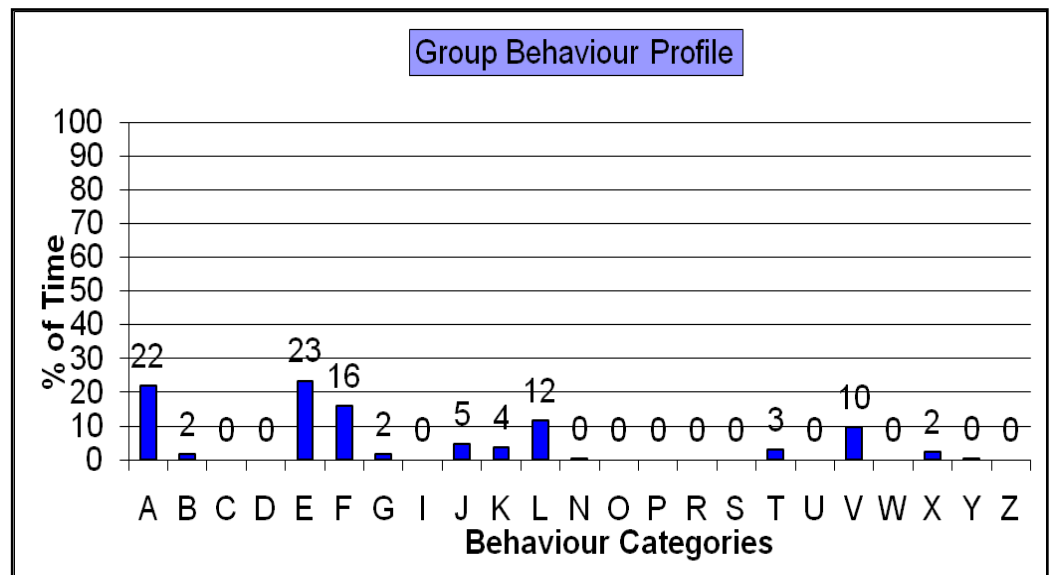
Figure 4 below shows the type of behaviours and activities that were most prevalent throughout the period mapped one of the days, which were mapped. More than half of the group's map was spent engaged in activities such as physical exercises, singing and dancing, and craft (E), reminiscence (G), games and leisure pursuits (L), nail/hand care (T), walking around (K,) and doing a work-like activity (V). It was particularly positive to see people encouraged and supported to genuinely contribute to the smooth running of the centre: helping to lay tables, wash up, and tidy the rooms and receive authentic praise and gratitude. It clearly reinforced a sense of worth and contribution.

The group were also mapped over lunch and having drinks both morning and afternoon. This was a hugely positive experience, reminiscent of a good cafe rather than a day centre, with staff encouraging involvement, choice and social conversation and interaction. The mapping also noted that engagement, conversation and warmth accounted for 22% of this day

and clients gained considerable esteem and wellbeing from these interactions.

Indeed interaction (fun) is part of the strength of HLDC. The activities in themselves are only part of the strength of the experience. The greatest power lies in the way the staff present the activities and throw themselves into every one; playing games, singing and dancing with clients with evident enjoyment. Special moments included: a member of staff holding hands with someone with hearing loss to help him beat time during the singing and facing him so he could see her mouthing the words (the result being that he enjoyed the singing every bit as much as those who could hear and sing), praising achievement, making clients laugh, but also enabling people to reminisce and making it part of the activity, not an interruption or distraction.

**Figure 4: Type of behaviours and activities that were most prevalent during dementia care mapping on Monday 18<sup>th</sup> January 2010**



It was also notable that the staff team was vigilant to ensure that everyone was engaged, not responding only to the most able. They also demonstrated flexibility, changing the activity if appropriate, keeping each one short and explaining well to people what the activity was aiming to do which increased participation.

# Personal Perspectives – Looking at the world from the perspective of the Person with Dementia

**P 1      Communication with Service Users** – On a day-to-day basis are service users asked for their preferences, consent and opinion?

**Rating: Excellent**

The staff team have clearly benefited from training to enhance their natural communication skills. They were able to pitch their communication to the abilities of each person and also made good use of non-verbal prompts to reinforce the key words used, particularly with clients who had hearing difficulties or where their dementia had advanced significantly in respect of language. One gentleman with hearing needs in particular was supported throughout all the group activities to ensure that he was able to fully participate and enjoy each element of the day.

Person-centred communication (to ensure that people's wishes and preferences are observed) began as people arrived. They were asked where they wanted to sit and in each case those around were also asked and introduced either to reinforce identity if new or to create a conversational gambit between service users to put them at ease with each other. Everyone was asked which drinks they would like, even though this was almost certainly known by staff. This in itself demonstrated sophisticated communication skill; some were asked the abstract question, others with more limited skills were given a choice of two.

Following on when drinks were served people were again asked about preferences for sugar and biscuits. Likewise when people ordered lunch the same skilled approach to communication was observed. Whilst there may have been time pressures to get the order to the kitchens, this was never apparent in the one to one communication; people were given time to think about each option and people with particular needs were still given choices and then accommodation made to meet need (for example custard without sugar).

Each day appears to start with conversation and laughter over a morning drink and again because of the intimacy of the room everyone is seamlessly included. However some of the most skilful communication appears to occur over lunch. A member of staff sits on each table to eat with the clients. People are encouraged to serve themselves to each element of the meal from serving dishes, as if in a quality cafe or restaurant, or if support is required they are asked their choice in respect of each vegetable, sauce or custard. Likewise each person is offered a choice of two juices, which is poured, with many jokes about "favourite tipples".

The staff members facilitate conversation over the meal and all are included both through verbal and non-verbal cues. People are given the time to eat as they wish and the overall atmosphere and approach is as non-institutional as it is possible to achieve. It is notable that on occasions when people struggled with a conversation or question staff skilfully rescued them. For example: during one lunch a member of staff spoke about the snow and how bad it was the previous week when the centre was closed, A lady couldn't remember. The member of staff didn't push the subject as this could have made her feel self conscious, the member of staff's response to her was: "*you must have stayed in, best place to be*". Then gently changed the subject!

There were a number of situations observed when staff used a range of words, and non-verbal cues to get an accurate picture of the person's wishes. However this assessment is also supported by sample documentation that appeared to capture the client's wishes and preferences. Equally the extremely high number of Personal Enhancers observed during the mapping is particularly compelling evidence.

**P 2 Empathy and Acceptable Risk** - Do staff show the ability to put themselves in the position of the people they are caring for and to think about decisions from their point of view? **Rating: Excellent**

Again the high numbers of Personal Enhancers by every staff member indicate that staff are able to put themselves into the shoes of the people attending and make the experience comfortable, meaningful and where appropriate, fun. People are encouraged to lay tables and wash up not left to sit. Even more crucially no personal detractions were observed over the two days (or during informal visits to the centre) and there was no unattended period of ill being for any of the clients throughout the two days mapped.

Documentation included risk assessments, which are reviewed and revised at least on a 6 monthly basis or as necessary. The format used draws on the social care and mental health trust documentation for initial assessment, from that screening HLDC have a clear process of drilling down for detail in areas of need or concern and documentary evidence was examined which demonstrates transference into care plans.

One of the comments from carers included how well they felt the staff understood their needs as well as their loved one. One carer commented on how much he appreciated the time he had when his wife was in day care "freedom for 5 hours" in comparison to home sitting, which he appreciated but by which he felt more constrained.

**P 3     Physical Environment** – Is the physical environment - e.g. noise, temperature- managed on a day-to-day basis to make people with dementia feel at ease? **Rating: Excellent.**

As discussed earlier the centre is cosy and domestic but with that come challenges in terms of space. This is managed as effectively as possible by the staff team and they were seen to get all service users up singing and dancing even though space is limited.. Clearly a wheelchair user would struggle in that environment when at full capacity.

It is appreciated that people appear predominantly to remain in the main sitting room to be central to the activity, and the team manage that sensitively by creating quieter, conversational times within the programme of the day and through sensitive use of background music to create restful times. At the beginning of the evaluation period there was concern that the lack of a quiet area could become an issue, by February it appeared that the relationship with the new respite manager was having a positive impact and there was evidence of greater partnership working in managing the environment. That said the team still have to work hard to ensure that other staff coming through the unit do so in a way which is both respectful and helps people to feel safe and secure at all times. It is important that the sitting room doesn't become a main thoroughfare to the managers' office and respite lounge. This would have the potential to feel disruptive for the day centre clients.

**P 4     Physical Health** – Are the physical health needs of people with dementia, including pain assessment, sight and hearing problems, given due attention? **Rating: Excellent.**

Records are kept on the needs of each person and the sample reviewed indicates this to be attended carefully. The staff strive to obtain accurate information at referral and are reported by colleagues to liaise effectively with both other professionals and families to update or to follow up on issues of concern. As previously it is clear that the staff team know their clients well, and support their needs, whether sensory or other. Carers gave examples of staff noting and communicating with them when changes occurred. The manager in particular is proactive in following up any potential health need and getting information to carers where appropriate.

The centre is proactive in meeting health needs, monitoring hearing aid use, changing batteries. They are also willing to take on appropriate responsibilities, monitoring a client following a TIA, monitoring and checking catheters, doing an initial urine test and referring on when necessary. A health colleague gave examples of effective partnership working, initiated by HLDC, to help families identify and manage continence issues at a stressful point in the dementia journey. Other examples demonstrated HLDC's willingness to address issues with families

and adopt a problem solving approach which carers and colleagues found sensitive and supportive. Likewise colleagues reported that staff at HLDC was always willing to seek advice and raised concerns constructively.

**P 5 Challenging Behaviour as Communication** - Is 'challenging behaviour' analysed to discover the underlying reasons for it?

**Rating: Excellent.**

People attending HLDC clearly met the criteria of moderate or advanced dementia. Visiting carers and seeing people in their home environment reaffirmed this. However, possibly due to the culture of care developed at HLDC, their functioning is maximised and people appear to enjoy their days to the full, which has the potential to reduce situations and emotions, which lead to distress and potentially "challenging behaviour". Nevertheless on occasions situations do occur and the key is how they are handled and the staff team's ability to reflect and learn from them.

Discussions with the team and individuals all focused around behaviour that challenged them as being an expression of emotion and that their job was to find out what the person was expressing and what had triggered that emotion.

Discussion with staff identified situations from which they had reflected and learnt. Whilst mapping two potential situations arose which could have been described as challenging; one when a service user made sexually suggestive remarks to a member of staff, the member of staff didn't get flustered, but rather stayed calm and managed to turn the sexual connotation around into something that could be seen as a compliment and then onto another subject. This was all done very skilfully and with banter between them, which left the gentleman with his self esteem maintained.

On another occasion a gentleman was observed clenching his fist and banging it into his other hand quite close to a member of staff's face. Whilst it didn't appear that he meant to harm her, she looked slightly intimidated. Another member of staff defused the situation by saying to him "that makes a very loud noise, now do you know who sings this song"? He started singing and stopped clenching his fist and banging his hands together.

In both instances the situation was well handled, however in addition it was identified from the carer interviews that the service was working proactively with families to understand the basis of his distress and how to work together on this as it also occurred at home. The carer was pleased that the service was persisting despite difficulties, a second carer recalled the relief of being told "we'll persevere" when things got tricky, and was pleased to report that they had worked a strategy out together.

**P 6 Advocacy** – In situations where the actions of an individual with dementia are at odds with the safety and well being of others, how are the rights of the individual protected? **Rating: Excellent.**

It would appear from interviews that the service and the manager in particular have been passionate advocates for their clients in a way, which has been professional but also determined. Likewise the service has involved social workers to advocate in certain situations, which can be evidenced in documentation as well as staff accounts.

There was strong evidence from interviews with professional colleagues that the service is adroit at constructively raising concerns, or ensuring that the interests and needs of their clients are considered. There is a genuine sense of teamwork and engagement with the wider health and social care systems and from colleagues the utmost respect for HLDC and its staff team:

*"We know with Howbury Lodge Day Centre staff that the flags will go up appropriately before problems can escalate, and that we can work together to support people."*

On occasions when there is a planned admission to long term nursing home care the service ensures that the life history book they have worked on at HLDC goes with them to help new carers get to know the person. Transitions are supported by visits and calls to the family. However there have been occasions when the service appears not to have been fully involved in life changes for clients who attend. It is clear that the service and its manager are well regarded by professionals in the area and work collaboratively, (attending local multi- agency meetings etc to cement working relationships).

However there will always be new professionals coming into first contact with HLDC so there will always be the need to up keep communication strategies. The multi agency meeting initiated by Friends of the Elderly is much appreciated.

## Social Environment

**S 1 Inclusion** – Are people with dementia helped by staff to be included in conversations and helped to relate to others? Is there an absence of people being talked across? **Rating: Excellent.**

There was a constant buzz of conversation and fun but from the time people arrived they were the focus of conversation. The mapping provided the most systematic evidence of inclusion. No interactions were observed throughout which could have detracted from anyone's wellbeing. Staff clearly had warm and meaningful relationships with all the people



attending which helped them to engage in a manner that promoted their sense of worth and esteem.

It was also noticeable that the staff were skilful in promoting conversation between service users, particular bonds were reinforced by reminders of shared experience, people were invited to sit next to friends and conversational prompts were used to get them talking to each other. During one observed game two gentlemen with substantial impairments began an involved and lengthy conversation prompted by the activity. It obviously brought great pleasure to both gentlemen, the staff skilfully allowed the activity to pause by chatting to others which enabled them to continue until they had exhausted their topic then staff picked up the game seamlessly.

Interviews with both staff and carers evidenced how well staff members understood the value of inclusion to promote growth and had the personalities and repertoire of skills to enable this to occur in a natural manner. Admirably it was apparent to observers that staff took particular pride in ensuring that quieter and more impaired people were at least equally engaged in individual and group discussion.

A carer commented on the warmth of the welcome when they and their loved one arrived each day, they felt that warmth and fuss staff made of each person as they arrived made them feel that staff were really pleased to see them. It also made the carers feel very comfortable to bring their loved one to the centre because the warmth made the person happy to be there and unworried when their carer left.

There were also reports of the vigilance of staff and manager in respect of the dynamics between clients, and accounts included intervention in partnership with carer to take action to promote well being.

**S 2     Respect** – Are all service users treated with respect, with an absence of people being demeaned by “telling off” or labelling? **Rating: Excellent.**

Again the absence of any observed personal detractions during the mapping period is an indicator of a team who hold each person in positive regard and see their strengths as having greater impact on them as people rather than their impairment. Likewise the high numbers of personal enhancers, particularly celebrating and respecting the people with dementia at HLDC, provides evidence of a culture which is warmly respectful of all of the clients and sees them as people with feelings and a contribution to make.

Successful efforts were observed which promoted dignity; people were facilitated in going to the toilet, if needed prompts were given but this was often by a whisper or gesture usually unseen by other clients. During the

mapping it was noticeable that those who needed significant help came back from the toilet relaxed and smiling; on more than one occasion they and the member of staff holding their hand were smiling and singing together.

Carers gave a number of examples that gave them the confidence to know that their loved ones were treated with respect. One carer spoke of her husband bringing home items and staff being happy to let him do this rather than creating an issue and unnecessary distress, knowing that the items would be returned via the person employed as an escort.

During an observed craft session a gentleman spilled paint and appeared to be rubbing it across the table, the member of staff's response was *"thank you for clearing that up, shall I get you a cloth and we can really make a job of it"*

In interviews with staff members it was clear that they held the clients in high regard and valued their achievements, however small. It was also significant that the staff team also spoke with respect of the knowledge and skills of their manager and each other; they were pleased to be working within such a strong team and understood what made the service great.

Interviews with other professionals also provided evidence of the respect with which people are treated. Staff are described as *"tuned into dementia"*

**S 3 Warmth** – Is there an atmosphere of warmth and acceptance to service users? Do people look comfortable or intimidated and neglected? **Rating: Excellent.**

Carers and professionals who had visited HLDC were unanimous in their opinion of the warmth of the atmosphere created. The feeling from carers was that the staff really cared about their loved ones, it wasn't about acceptance but positively embracing each person both as they are now but also for all that they have been. Several carers had accounts of the service "going the extra mile" for them and their loved one, sorting out medication, persevering when the person was having a tough time. Simple gestures: making Valentine cards or remembering a daughter's birthday spoke to the carers of positive regard for not only the person but also for them. (More than one carer commented that their loved one had such a good time that they wished sometimes that they could go too, and meant it as a genuine compliment.)

The immediate impression of HLDC is the positive regard for clients, carers and colleagues at the heart of its being. The atmosphere is warm and relaxed and the people attending are enabled to enjoy the experiences available and to be relaxed throughout the day,

During one of the mapping sessions two ladies spent a happy time arranging some flowers for the room, as they finished one asked a member

of staff what they thought of their effort. The member of staff answered genuinely "I think it's lovely, there's a gorgeous balance of colour." The lady stroked the member of staff's face with incredible warmth and responded "*you gorgeous girl*" and both smiled at each other.

**S 4 Validation** – Are people's fears taken seriously? Are people left alone for long periods in emotional distress? **Rating: Excellent**

Inevitably, given the level of dementia experienced, people asked about their carer or when they would be collected, but such concern was reassured in a manner that was both respectful and meaningful. Moreover staff would then stay with that person both physically and emotionally to ensure that their concern had abated and that whatever conversation or activity they had re-engaged in had effectively lifted their mood. Staff demonstrated understanding not only of the emotional component of people's distress or concern, but also detailed knowledge of the person's life history, which they used to engage meaningfully both to address concern but also introduce elements that gave people a sense of pride and belonging.

No periods of prolonged distress were observed during the mapping period and other visits to the centre, intervention was rapid and effective. It was again demonstrated that people's indicators or triggers were well known to the staff team and intervention was skilfully anticipatory, thereby minimising any sense of distress. Again staff recognised individual triggers (actions or behaviours that indicated they had had enough of an activity, or needed a toilet for example) and were able to pre-empt distress or embarrassment.

**S 5 Enabling** – Do staff help people with cognitive disabilities to be active in their own care and activity? Is there an absence of people being treated like objects with no feelings? **Rating: Excellent.**

People who attend HLDC have a wide range of abilities and needs; even in a "simple" exercise activity people needed different levels of support and facilitation. One gentleman needed to understand why the activity was being introduced, but once the benefit to circulation, muscle and joints was explained to him he participated with gusto; another person needed to have a staff member close so they could mirror actions; whilst another with hearing difficulties needed to have each instruction mouthed with lots of smiles of encouragement; others knew the activity and engaged immediately. The subtlety of the staff skill was in knowing and meeting those individual needs whilst also participating themselves to model the actions and add to the fun.

Similar examples were noted throughout the mapping period; people were invited to join activities and each person's abilities were taken into account and supported. People who could use the toilet themselves were

encouraged to do so with prompts and encouragement plus discrete checks and support. Equally people were encouraged to take part in the practical tasks of the day, helping with table laying, tidying, and handing round biscuits. Sometimes those tasks were encouraged to maintain abilities and esteem. Occasions were observed throughout the day when people were encouraged in a task to raise their mood.

People were also encouraged to help each other and this added to the sense of family and community rather than service delivery. This occurred in activities when one client would help another to complete an action or answer, but also with small tasks such as being invited to serve vegetables to someone else, or to go with staff to the kitchens to collect biscuits or take an order. The overall sense amongst the people with dementia was that this was their club, so they did what they could to enhance the experience for themselves and others.

The majority of carers interviewed felt the service couldn't be bettered. (see figure 5 in next section.) They appreciated the care staff took over each person and their wellbeing, recognising that their skilled support enabled their loved one to continue to maintain some functioning and enjoy themselves.

**S 6 Part of the community** – Is there evidence of service users using local community facilities and people from the local community visiting regularly? **Rating: Excellent.**

It was clear from the activity plans that entertainment and activities led by a range of local people was a regular and planned part of the life of the unit. To confirm this during one visit a staff member went to make arrangements for the local school to bring in some of their choir. During one mapped session local entertainers, facilitated enthusiastically by the staff team, led an afternoon of song and dance, which was joyful. It was clear from the rapport the entertainers had with those present that this was a regular and much prized occasion by both clients and the entertainers (who commented that this was their favourite venue because the staff made it such fun!)

The centre is also open to having students on placements or gaining voluntary experience. This brings in other skills and interests but also demonstrates HLDC's openness and willingness to be part of the wider community, both as a resource and contributor.

Conversations were also observed which reminisced on outings previously experienced and ideas for the future. These were very much based on the interests of the group and individuals (an example of client who had been involved in amateur dramatics being taken to backstage at local theatre to rummage in props).

It was also interesting to see how the staff team brought local knowledge and features into conversation and activities, tapping into the local knowledge and interest of the clients, reading out snippets from the local paper over morning drinks and asking people their opinions.

One of the constraints of the team is clearly the logistics of transport, from which derives some of their desire to obtain their own transport arrangements. However, the costs are likely to be high and so the creative relationship building and problem solving skills are likely to continue to be the most practical solution. It is to their credit that the each issue is approached from the perspective of how to achieve the best solution for their clients.

## Delivery of Specified Service Outcomes

The service was commissioned to provide person-centred day care primarily for older people with dementia

The primary objective determined by the County Council is “to enhance the quality of life of older people with dementia whilst providing relief for carers through the provision of regular day care opportunities. WCC (2008)

The specification identified 5 outcomes. Evidence that these are being met and exceeded are provided within the body of the report.. The indicators that evidence these objectives specifically are shown below.

1. Service Users experience a service, which focuses on their abilities, strengths and needs.  
Shown by indicators I1, I2, I4 and S5
2. Service Users experience activities that stimulate and engage.  
Shown by indicators I5, I6, P1, S5 and S6
3. Service Users feel valued and important.  
Shown by indicators S1, S2, P1 and V1
4. Service Users feel relaxed.  
Shown by indicators S1, S3, S4, P2 and P3
5. Carers of service users obtain respite from their caring role and feel confident in the service.  
Demonstrated in all 8 interviews with carers.

This has been shown to be a person-centred dementia service, which meets the dual aspects of the objective and delivers each outcome of the service specification in full. The evaluation above identifies how each outcome is

met with examples and detailed description of the high quality of care. Professionals interviewed were unanimous in their admiration and respect for the service:

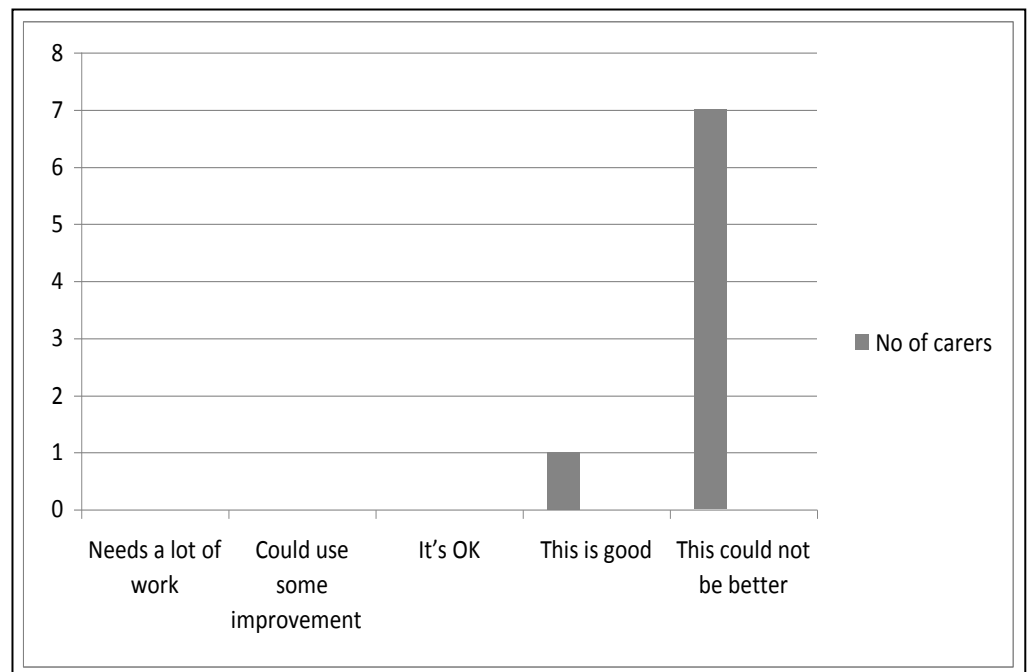
*“the service is respectful of people’s dignity, they are in compassionate hands – at Howbury Lodge Day Centre – they’ve got it right”*

However most telling perhaps is the views of the carers see figure 5 below. The carers who felt the service “could not be better” made it clear that this was not said lightly.

One carer recalled how staff at the centre had come out to help him when his wife left their home and didn’t return. Another carer summed up the sentiments expressed by several:

*“It’s more than a day centre; the staff are truly interested in the clients (and in helping us) – you don’t get that everywhere.”*

**Figure 5. Carers’ Overall Rating Of The Service At HLDC**



# Transport

Transport was an issue identified individually by several team members. Transport to the service is commissioned from an external company as part of a larger county council contract. The manager in particular was hugely appreciative that continuity had been maintained by retaining the person who is employed to escort people on the transport. She felt that her contribution to the clients' wellbeing was immeasurable. This view was echoed by the carers who clearly held the person who is employed to escort people in great esteem and trusted her judgement and warmth with all the service users, they also felt she knew the preferences and wishes of all the clients who use transport.)

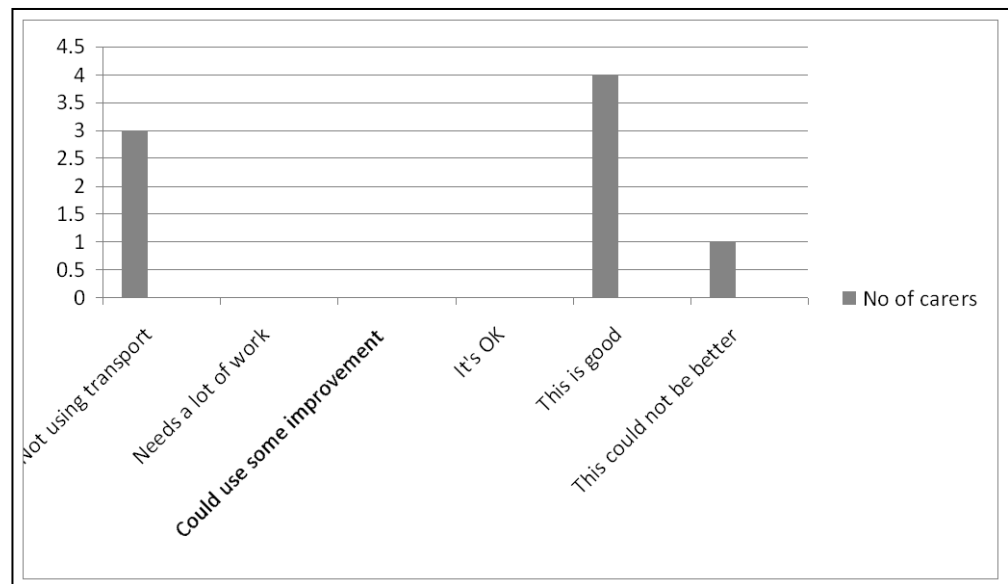
It gave the staff team concern that they had no control over the constraints of the transport so that people who had overnight respite in accommodation other than Howbury were usually unable to be collected and so at a vulnerable time missed the familiarity of their day/s at their "club". The staff and managers cited this and other examples as evidence for their concern that their lack of control over transport arrangements had the potential for the service not to be "joined up". Likewise the team would have liked the greater flexibility provided by having their own or ready access to transport rather than a service commissioned as part of a much wider county council contract. It was also acknowledged that ease of transport would enable the service to take part in more community activities, which the team felt would be desirable.

Having observed the beginning and end of the day on several occasions, it is clear that the relationship between the team and the person employed to escort people on the transport is extremely positive and all take a constructive approach to resolving any issues so that the service users experience a unified and coherent service. On one of the mapped days just as the clients were finishing their drinks and getting ready to leave the staff at Howbury received a call from the person who is employed to escort people to say that the bus was running late. There was no indication of concern or grumbling but a wholly professional response: a member of staff immediately got out some song sheets and initiated a sing song saying "isn't it good, we've got a few more minutes". Everyone was distracted from thinking about going home and instead burst into song and laughter, so when the bus arrived everyone was cheerful and exuberant, ready to go home but leaving on a high note.

Interestingly carers whose loved one are transported were happy with the arrangements, seeing the person who is employed to escort people as the lynchpin that made it work because of her skilful approach again borne out of knowing the individual preferences of the clients (see figure 6 below).

The carers living out of the transport area felt keenly the extra pressure of bringing their loved one in each time and then returning by 3.30 to collect them. By definition they tended to live further away and so spent up two hours of their six hours respite day driving backwards and forwards with their loved one. However, it was clear that they found the day service beneficial and so were willing to do this rather than jeopardise a place, or risk using the taxi provision available.

There were also carers who lived nearby and had opted not to use the transport service. They had a short distance to travel so it was less time consuming and they made a conscious choice based on not having the constraint of getting the person ready precisely in time for transport. This meant that sometimes if the person was having a good morning they could arrive slightly early or conversely the service accommodated if they were late arriving, so the pressure was relieved.



**Figure 6. Carers rating of transport arrangements for HLDC**

On balance although the service would have greater potential for flexibility and response to individual needs with a dedicated transport service separated from the county council commissioning process, it may be that the cost outweighs the benefits. It is anticipated that the high volume commissioning undertaken by the county council achieves best value, which it would be hard to match in a small service contract, or dedicated service; however, this could be subject to further investigation. The use of taxis from outlying areas may need consideration and further discussion within the county council, but given the logistics appears to be a reasonable compromise.



## Cost-Benefit Considerations

The National Dementia Strategy (2009) identified the immense costs which dementia places on the whole of society as well as people with dementia, carers and the health and social care system. The newly released report *Tipping the Balance of Care* (Carers UK, 2010) reinforces the imperative of supporting carers but also recognises the financial challenge. The National Audit Office (2010) reinforces the need to achieve value for money in dementia services and expresses concern that people are still admitted to long-term care prematurely. This underlines the importance of the service provided by HLDC which provides carers with periods of stress-free respite but also increases the quality of life of the people with dementia both of which are factors which contribute to remaining at home longer.

During the course of the evaluation, the issue of places contracted per day has been considered. The County Council's current contract with Friends of the Elderly is for 10 places per day. In some interviews, it has been suggested that consideration be given to reducing the number of places to eight per day (largely to enable an even greater capacity for 'one to one' care for people with appreciably high needs and a better sense of space within the unit).

The evaluation recommends that this is not pursued for the following reasons: either the contract fee would be proportionately reduced (probably by one fifth), which would have a significant impact on the staffing ratio and resources available to deliver the service and ultimately the quality; or the unit cost would increase by approximately 25% (plus proportionately higher fixed and associated costs referred to above.) The service would also not support as many people with dementia and their families, which is a particularly significant issue given the constant waiting list for the service.

Equally however it is the view of the evaluation that striving for greater cost effectiveness by increasing the number of places per day is not viable given the environmental constraints of the unit.

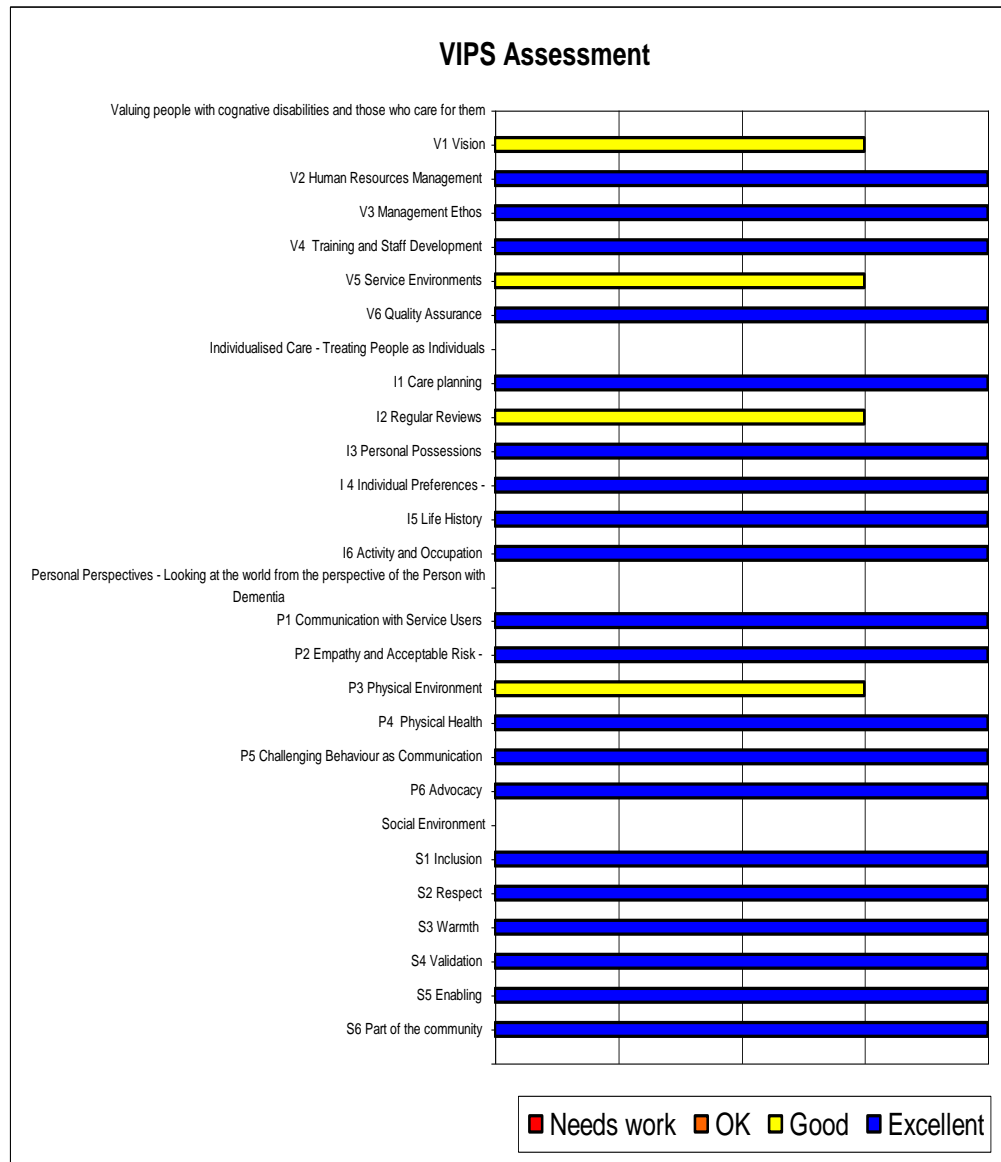
It is important when considering cost benefit to also consider what savings are created by providing a service that supports people longer term and that prevents crises from occurring. We do not know for sure what would have happened to the service users and their families at HLDC had they not had this service – or what would have happened to them if they had received day care which need not meet their needs in such a person-centred way. It is likely, however, that some more expensive forms of long-

term care such as residential or nursing home care have been delayed significantly or even completely avoided. Some of the families and carers interviewed reinforced this strongly, suggesting that the service has potentially saved the county council significant expenditure as well as enhancing the quality of life of the people with dementia and their carers. It is likely that by keeping people in a relative state of well being has averted the need for emergency hospital admissions or long term use of anti-psychotic medication. By helping family carers enjoy respite it is likely that their health has not deteriorated to the extent where family burnout has occurred or family health has suffered.

# Conclusion

The day service provided at Howbury Lodge is an exemplar of person-centred dementia care practice. Figure 7 below provides a summary of the assessment of the service against each of the VIPS indicators. It demonstrates that the service reaches the highest possible standards consistently in all elements of its service in 20 of the 24 indicators and good in the other 4 (good being defined as achieving a high standard within the indicator but with potential issues of sustainability in some aspects or for some of the time). This is a tremendous outcome and the service is a credit to the organisation

**Figure 7: VIPS Assessment of HLDC**



The staff team with dynamic leadership provide a warm, welcoming social environment for people who have moderate to severe dementia. The team without exception have a positive, committed approach to delivering skilled person-centred dementia practice. This was evidenced through observation including the dementia care mapping but also in interviews with carers. The documentation provided also demonstrated that this has been a consistent approach provided by the service throughout the contract period.

The interviews with carers and other professionals also demonstrated the high regard with which the service is held. Carers feel confident in their relationship with the centre (able to communicate readily), trust the service to care for people with dementia with a combination of warmth and skill and are secure that their loved ones enjoy attending the centre. These factors combine to give carers the confidence to feel comfortable in taking advantage of the respite the day centre offers and felt that it had a genuine impact on their stress levels and ability to continue to care for their loved ones.

The strength of HLDC lies in its leadership, its superb application of person-centred care and the commitment of the staff team to the people and their families. In every category of the VIPS framework the service was assessed as at least good, and in the overwhelming majority the assessment was excellent. This service should genuinely be considered a beacon of good practice.

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Friends of the Elderly believes that all people in old age should retain independence, dignity, choice and peace of mind.

Their mission is to support older people, particularly those in need due to frailty, isolation or inadequate resources. They do this by providing high quality caring services, personalised to the needs of the individual and integrated with local communities.

Friends of the Elderly's Howbury Lodge Day Centre is a specialised service for people with dementia. The day centre provides individual, tailored support to meet the needs of each person with dementia as well as essential respite for carers.

<http://www.fote.org.uk>

The Association for Dementia Studies was established in 2009, under the leadership of Professor Dawn Brooker, as a multidisciplinary centre to support the development of high quality dementia services and assist the delivery of the National Dementia Strategy.

The Association is founded on the principles of partnership and a passion for improving the lives of people living with dementia, their families and those who work to support them.

We are happy to explore working partnerships. If you want to know more or discuss your ideas, please have a look at our website and get in touch.

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