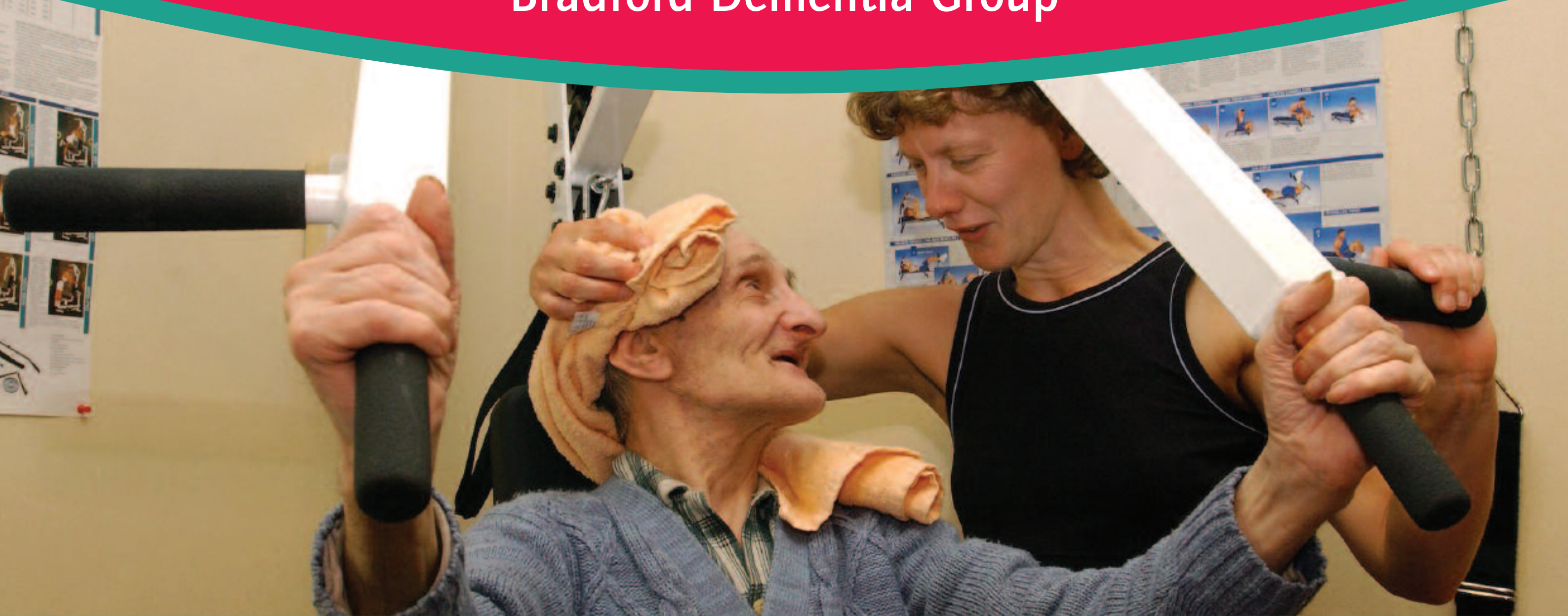
Enriching Opportunities

Unlocking potential: Searching for the keys

ExtraCare Charitable Trust
and
Bradford Dementia Group



Summary of Development and Evaluation

Dawn Brooker and Rosemary Woolley

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MAKING KNOWLEDGE WORK

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Bradford Dementia Group
Division of Dementia Studies
School of Health Studies
University of Bradford
Unity Building
25 Trinity Road
Bradford BD5 0BB
West Yorkshire
United Kingdom
Tel: +44 (0)1274 233996
Fax: +44 (0)1274 236395

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All names of care facilities, residents, tenants, family members and staff have been anonymised for the purposes of this report.

We gratefully acknowledge the cooperation of all the above in the commitment they showed in helping bring this piece of work to fruition.

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Dedication

We would like to dedicate this research and report to the memory of Liz Taylor who was the Operations Director at ExtraCare. It was the leadership of Liz, combined with her thoughtfulness and determination to improve the lives of older people with dementia, that made the Enriched Opportunities Programme a reality.

We all miss her.

The partnership

The ExtraCare Charitable Trust is a not-for-profit organisation that provides a wide range of housing and retirement schemes for older people in the UK. Their approach is one that offers people a lifestyle that challenges traditional concepts of what it is to grow older. The ExtraCare Charitable Trust is particularly innovative in its approach to retirement schemes for older people in the UK and was keen to develop expertise in integrating the people with dementia into these schemes. Further details of their work can be found at: www.extracare.org.uk

Bradford Dementia Group was established in 1992 at the University of Bradford to develop teaching, higher education and research in the field of dementia care. It was established as the Division of Dementia Studies in 2003 and comprises a multi-disciplinary and multi-professional group engaged in a diverse portfolio of activities.

Its mission is to improve the quality of life and quality of care for people with dementia and their families, through excellence in training, education and research, recognising the key role played by practitioners and professionals.

Bradford Dementia Group holds an international reputation in research and service evaluation in dementia care. Further details of its work can be found at: www.bradford.ac.uk/acad/health/dementia

ExtraCare Charitable Trust and members of the Bradford Dementia Group have been working together since 1998, initially on staff training issues and assessment. In 1999, Dawn Brooker led an evaluation into the experience of an Activity Challenge holiday for nursing home residents with dementia provided by ExtraCare (Brooker, 2001). The potential for well-being demonstrated during the activity holiday experience exceeded all expectations. However, improvements in well-being were generally not sustained one month later, with well-being scores returning to similar levels as they had been prior to the activity holiday.

A starting point for the Enriched Opportunities Programme was whether it was possible to achieve the elevated levels of well-being that we had seen during the Activity Challenge as part of regular care in nursing homes and housing schemes.

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Objectives

The Enriched Opportunities Programme was an attempt to bring about a radical improvement in the well-being and activity of people with dementia living in long-term care. Enriching Opportunities for People with Dementia had as its premise that elevated well-being for people with dementia is desirable and, that given the right conditions, is obtainable and sustainable. It was hypothesised that five key elements needed to work together to bring about a radical improvement in quality of life for people with dementia.

1. ***Specialist expertise***. A senior staff member who can work with vulnerable individuals and with the team in order to ensure residents and tenants reach their potential for well-being. The staff role of ***Locksmith*** was developed as part of this programme.
2. ***Individualised assessment and case work***. Working with individuals to identify types of occupation and activity that were the most likely keys to unlock the potential for well-being.
3. ***Activity and occupation.*** A programme of activity that is rich, integrates with the local community, is variable, flexible and practical to provide opportunity for vulnerable individuals to experience optimum well-being.
4. ***Staff training.*** Ensuring that all staff have the necessary skills to support the Enriched Opportunities Programme.
5. ***Management and leadership***. Management of change within the facilities to focus on providing the Enriched Opportunities Programme and to sustain this over time.

These elements working together were known as *The Enriched Opportunities Programme.*

There were two aims of the research programme:

- To measure the impact that this intervention had on residents and tenants participating in the programme and on the staff caring for them.
- To develop the Enriched Opportunities Programme from a theoretical ideal into a workable practical model within extra care housing and nursing home care.

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How the Enriched Opportunities Programme was developed

A number of key processes were used to develop the Enriched Opportunities Programme. The whole process took about six years with an intensive period of activity over the past two and a half years. Some of these processes took place conterminously.

Four ExtraCare facilities were chosen as practice development sites in February 2002. A three-way forum for discussion and action was established between the research team, the practitioners (key operational staff) and family carers in the four practice development sites, and a group of thirty experts from a variety of research, professional, therapy and training perspectives in dementia care.

Collectively this forum was known as the **Expert Working Group (EWG).** All members brought their expertise to the group in order to shape the Enriched Opportunities Programme from a theoretical ideal into a usable intervention within long-term care.

The Expert Working Group met initially for a two-day meeting. The recordings of presentations and ensuing discussions of this first meeting were transcribed to help guide the project (Brooker and Woolley, 2003). A further five EWG meetings were held in this advisory capacity over the course of the evaluation. All meetings were recorded and notes made for analysis. Between times, individual members of the Expert Working Group provided training and mentorship to the four study sites.

The Locksmiths were employed following the first Expert Working Group meeting, one full-time senior post for each practice development site.

A key factor in the development of the Enriched Opportunities Programme was trying it out in real-life situations in a controlled manner and having on-going feedback from the practice development sites and learning from them. The Enriched Opportunities Programme was implemented consecutively in the four practice development sites with one or more months' gap between the start of each. This meant that expertise and practical implementation techniques could be developed from each scheme and shared between them.

The published literature was reviewed at the beginning and throughout the development of the programme to develop the research evidence base for the different elements of Enriched Opportunities Programme.

How we conducted the evaluation

This study involved four practice development sites;three dementia specialist nursing homes and one extra care housing scheme.

Two of the nursing homes had 36 beds and one 48 beds. All three nursing homes were registered EMI homes. 127 people residing within these nursing homes participated in the evaluation. Staffing levels and standards of care were similar in each of the homes. Levels of disability and age were similar across all the homes.

The extra care housing scheme practice development site had apartments for 86 tenants. 25 participants were identified as being vulnerable to exclusion within the scheme either because of dementia, other mental health problems or significant communication problems. 18 tenants were able to participate throughout.

The intervention was formally evaluated using a within-subjects repeated measures design. Data was collected at four main points; at baseline in the month prior to intervention, at the end of the "additional staff role", when the Locksmith had been employed for three months but implemented no new practice (to clarify the impact of an extra senior staff member on well-being), seven months into the intervention and 7-14 months later to assess sustainability.

We wanted to see if the Enriched Opportunities Programme had any effect on people taking part in the Enriched Opportunities Programme. We used a variety of methods (pen and paper assessments, interviews with residents, tenants and staff; reading documentation and in depth observations) to assess the following:

1. Levels of well-being and ill-being;
2. Quality of life;
3. Activity and engagement levels;
4. The quality of staff interactions with people with dementia;
5. General health;
6. Levels of anxiety and depression.

The second aim of the research was to capture the processes of the Enriching Opportunities Programme on people with dementia, their family carers and staff in the four practice development sites. Formal feedback was collected from interviews and focus groups with staff, Locksmiths, operational managers, volunteers and families. Thirty staff focus groups, seven relatives groups and six volunteer groups were

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held over the duration of the programme, facilitated by members of the research team. Notes were written afterwards, and each focus group was recorded then transcribed for analysis.

Locksmiths and practice development site managers were interviewed individually at baseline, three months later and at the end of the intervention stage to help capture the processes and enhance understanding of the development of these innovative roles. A semi-structured interview schedule was followed so that similar questions were asked of the Locksmith and manager at each site at parallel research stages, but issues specific to each could be followed up. The interviews were recorded and subsequently transcribed, and notes made where applicable for analysis purposes.

In addition, at the intervention stage in-depth case studies were completed on five residents in each of the nursing homes. In the extra care housing scheme, in-depth case studies were undertaken on all of the tenants who had participated. The Locksmith, staff members, relatives and, wherever possible, the participant themselves were involved individually in this process where the researcher held informal semi-structured interviews.

The qualitative data was analysed as a whole and differences and similarities between the practice development sites were explored. The results (from both looking at the processes and effects of the intervention) were then discussed with the operational project team and the Expert Working Group.

What was the impact on residents and tenants?

In the nursing homes

The number of residents participating in the Enriched Opportunities Programme in the nursing homes meant that we could apply statistical tests to some of the measures that we took over the course of the programme. The main outcome measure in the nursing homes was Dementia Care Mapping (DCM) observations (Bradford Dementia Group, 1997) on all residents for eight hours each at baseline, additional staff role, at 7 months into the intervention and at follow-up 7-14 months later. This demonstrated the following

1 There was a statistically significant increase overall in levels of observed well-being (measured by DCM Well-being (WIB) scores).

2 On average there was a statistically wider range of activities after the Enriched Opportunities intervention (measured by the diversity of DCM Behavioural Category Codes (BCC's)).

3 Staff practice improved through Enriching Opportunities. The number of episodes of person-centred care per person increased, rising at all sites (measured by DCM Positive Event recording).

4 There was no overall significant change in the number of episodes that demeaned or depersonalised a person with dementia (measured by DCM Personal Detractions).

5 Different patterns of improvement were in evidence at the different study sites.

6 Follow-up DCM observations suggest that improvements all DCM improvements have been maintained now from 7 to 14 months.

7 The Enriched Opportunities Programme resulted in overall average higher levels of well-being regardless of cognitive impairment or level of dependency.

8 There was no overall significant change in subjective quality of life, as measured by the D_QOL Dementia Quality of Life measure (Brod et al, 1999). This was only able to be completed with 11 of the nursing home participants.

9 The health of the participant group remained relatively stable over the course of the intervention.

10 There was a reduction in overall levels of depression as measured by the Cornell Scale for Depression in Dementia (Alexopoulos et al., 1988). There was a slight reduction in overall levels of anxiety but this was not statistically significant, probably due to low numbers experiencing anxiety to begin with.

In the extra care housing scheme

It became apparent early on that there were a number of people who staff identified as needing help, but who did not have a diagnosis of dementia. During an in-depth discussion with senior staff, six factors were identified that staff put forward as reasons why people might be vulnerable. In turn, the vulnerability staff identified seemed to point to concerns that these individuals would be excluded from the life of the community. The factors identified were

1 Confusion evidenced by poor memory for recent events; getting lost around the building: disorientated about time; speaking about

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events from the past as if they are occurring now; may have a diagnosis of dementia.

2 Communication difficulties evidenced by hearing problems; blindness; communication difficulties because of a stroke or vascular dementia; speech impediment.

3 Social isolation evidenced by tenants spending most of their time in their flat and having little contact with others. This may be because of physical disabilities or because of a dislike of social situations or because they feel they do not fit in with the general tenants.

4 Lack of confidence evidenced by tenants that venture out of their flats but become withdrawn within a group setting. Appear to have low self esteem.

5 Challenging behaviours evidenced by verbal or physical aggression; sexual disinhibition; socially unacceptable behaviour to the rest of the group; excessive noisiness; repetitive questions.

6 Low mood. Very quiet and withdrawn, appears sad and depressed, neglects self care, does not want to try anything.

Developing the Enriched Opportunities Programme in the ExtraCare housing scheme was a bigger challenge than in the nursing homes. The nursing homes had an established person-centred pattern of working with people with dementia and specialised in this area. Staff in the housing scheme had very little prior training in this area. In the housing scheme, the group of people identified were much more diverse in their problems.

The Locksmith adopted a case-work approach with those identified as in need of support and worked with the other Locksmiths in adapting the general skills to make them appropriate in housing. She supported tenants within the scheme to use the communal facilities that were available. She enabled them to achieve things that would have been too daunting otherwise both within their own flats – such as getting it decorated and taking charge of their own money, and using facilities outside the scheme such as dog-walking and shopping. The Locksmith was very conscious of working in a way that did not stigmatise the people on the scheme, rather creating an energy around what she was doing so that other tenants would want to join her.

The smaller numbers involved and the heterogeneity of the group meant that statistical analysis of the results was not appropriate. An in-depth case study was carried out on each participant. The results of these case studies can be divided into three main types:

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1. **Those who clearly benefited** by the Enriched Opportunities Programme (5 individuals) were generally social and enjoyed company. They all, however, had issues about their behaviour being poorly tolerated in social situations by other tenants. The Locksmith was able to work with all of these both in their flats and in the public areas to good effect. It may have been that part of her role was in modelling tolerance and support for the participating tenants that could be picked up on by other tenants and possibly by staff too.
2. **Those who would otherwise deteriorated further.** 10 individuals all received substantial support from the Locksmith over the Enriched Opportunities Programme. Although this group did not show such dramatic improvement over the course of the programme, they were all very vulnerable tenants who could have deteriorated significantly if not for Locksmith intervention. Vulnerabilities included serious physical health problems, longstanding mental health problems and recent bereavements.
3. **Those whose health and well-being deteriorated.** A much smaller group of 3 individuals deteriorated over the programme and the Locksmith did not manage to engage with them. All these individuals had significant physical health problems alongside their mental health problems. They all required further assessment and treatment from specialist agencies. This highlighted the need for the Locksmith to work closely with community and mental health teams.

The other challenge in the extra-care housing scheme was that two would-be Locksmiths who were appointed left before the programme got underway. Given that the person who eventually took up the post had to work with tenants and a staff team who had already experienced false starts, these results are very promising.

Staff working at the housing scheme identified a clear need for more in-depth work to be carried out with vulnerable tenants. They also identified clear benefits for tenants. There was recognition that every member of staff had a role to play and that enriching opportunities was not just the job of the Locksmith. Most noticeable in the focus groups was the increased level of empathy with which staff described people they cared for and there was a general consensus that the Enriched Opportunities Programme was an important piece of work that staff wanted to be part of. The overwhelming message from staff, Locksmith and management was that it was an excellent practical programme that required more time to establish itself.

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What did we learn about the specialist expertise of the Locksmith?

Four Locksmiths were employed altogether across the nursing homes and the housing scheme. On paper they were all quite different from each other. Two were male and two were female. The two women had previously worked for ExtraCare as a senior care worker and an activities organiser respectively. Of the two men, one had previously worked in the NHS as an RMN with older people, the other previously worked as the manager of a nursing home.

All Locksmiths were employed as part of the senior team in the facility and as such had authority to lead staff and to challenge decisions. There was a strong theme in the programme that its success did not depend solely on this particular staff role. In **Table 3** we clarify the role of the Locksmith, the care team and the management responsibility in bringing Enriched Opportunities Programme to life.

The Locksmith role, however, was seen as pivotal throughout the programme. The staff team commented on the usefulness of having someone they could use as a resource and someone to offer leadership:

> *"That's nice, having the Locksmith because it's somebody who, you know if you can't think of an activity somebody can come back to you with a different idea, so you can try that to get a bit more of a variety and if it's something you're not sure about either it's nice having the Locksmith there you can go down to see him and that makes a big difference."*
>
> *"She tries to get us motivated more as well doesn't she? She will come into the lounge, you know, you can do, get it done, you know kind of thing and she's, she's not forceful but she's practical at getting things working…"*
>
> *"She's always been very particular like that, getting things organised and that so I think she's keeping us on our toes as well which isn't a bad thing to some extent."*

The Locksmiths commented on leadership, communication and person-centredness

> *"Well, you've gotta be able to relate to people with dementia, primarily, as people, but also it goes right through to, you know, you... I mean, to be able to talk to members of the Expert Working Group and to be able to, you know, kinda talk to the staff on the floor, you have to be able to do the whole range of it."*
>
> *"You've got to go in there and you've got to lead it. Show them that it's not a myth and you know, nothing. We're not asking them to do wonderful things getting them leaping up and down the corridors singing and dancing"*

“The biggest thing is to get the staff on your side, which has been one of my big ambitions, and I think really now they trust me now, they know me and they trust me and it's quite a nice atmosphere.”

“I think I am a very person-centred person. I do see people as individuals and everybody's different.”

“You've got to be a player. You can't just come in with this big 'I am'.”

“I really believe in it. I mean, I really, really passionately believe in kind of valuing the lives of people with dementia and doing what we can to kind of... to improve people's lives, I suppose.”

The management staff saw the Locksmith as a pivotal figure and particularly commented on their ability to challenge:

“I couldn't have done it without the Locksmith. There's too much. Erm (pause) as a manager I believe you have to have so many balls juggling in the air all at once. To take on that ... that bigger project on a normal manager's role, it would've fallen flat the first few months. I'm sure.”

“I do feel very strongly that they have to be assertive, they have to be pushy. Not just in their links with me, but in how they relate to other members of staff as well, who are busy and perhaps haven't got the time and all this sort of stuff.

So they really have to be assertive characters, I think, and pretty thick skinned characters as well, solid characters.”

One of the challenges in the extra care housing scheme was around ensuring that those on the Enriched Opportunities Programme were not stigmatised. This quote form the Locksmith and the second from the manager at Maple Court shows how this was achieved:

“They just see me as a staff member, it's, I have to say I'm amazed at the amount of people that haven't actually said, 'What do you do?' Because I think that's all to do with the approach I had at the beginning, that I worked with the staff team, I went on the floor as a carer. They see me as an office person, because I've been in the office doing paperwork and stuff, so nobody's quite sure, I don't think. And they've never tackled me as, 'Why, why are you here? Why you do the things with us? 'I just say, 'I'm here and I'm doing all the fun things.' And I have made it fun.”

“We've had some visitors here this morning and we've been down there. And the one visitor did ask about dementia and how we cope, you know, but he wasn't aware that there was anybody in that group who was part of a project group who had been, who'd got dementia or, you know, just a total integration, merger, nothing stood out. And it wasn't introduced as anything special, you know, this is an ordinary Thursday at Maple Court and this is an ordinary range of activities that are going on.”

From our experience of the project we have drawn up the Locksmith Person Specification illustrated in **Table 1.**

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Table 1: Person Specification for Locksmith

Area	Essential	Desirable
Education	Literacy and numeracy skills	Health or social care qualification Qualification in Dementia Care
Knowledge	Person-centred approach Individualised care approaches Dementia and mental health	Dementia Care Mapping
Skills	Leadership and motivation Excellent communication skills Ability to work directly with vulnerable people and their families Ability to work with a wide variety of organisations and volunteers Ability to organise complex workload Ability to seek supervision	Alternative therapies Creative therapies Teaching and mentoring
Attitude	Positive mental attitude and solution focused Empathic to the needs of client group and staff team. Ability to advocate on behalf of client group Commitment to developing practice and themselves	
Experience	Worked within a health or social care setting previously with people with dementia	Activity worker Management experience Care work Training

Individualised assessment and case work: How did the Locksmith discover the keys?

The assessment to identify how to work with individuals was low key and non-stressful for residents and tenants. It involved the Locksmith reading existing information, observing the participants in many situations, talking to participants, families and staff. The Locksmiths all stressed the importance of using their own eyes and ears to make an assessment of understanding the needs of people they worked with. Observing residents in different situations and how they reacted to different opportunities and people was part of the on-going assessment. Likewise, listening to family members, different members of staff and the residents themselves were all important in building up the picture. None carried out formalised pen and paper assessments directly with the residents – although all had some of these in mind when making their assessments. This assessment process was individualised and continuous. The Locksmiths commented on seeing things from the point of view of the service user as this quote illustrates:

> *"I think my kinda whole understanding and my practice, my skills, have vastly changed from this idea that we really want people with dementia doing what we're doing, do you know what I mean, or stuff that looks good for us. And saying, 'Well, okay, what we really, really need to do, the real nitty-gritty, is to kind of, I dunno, get alongside people, really understand where they're coming from and then try to work round that. And connect with that."*

> *"It's a continual assessment process, finding out this is, you know, who the person is, now let's see what works for the person. And I can do that, you know, I mean, there's nothing I love more than the engagement between, of me and residents, and just trying things out and working in a certain way."*

There were many staff comments on how useful aspects of the assessments had been for individuals and how the findings were incorporated into everyday activities:

> *"Just having those (magic moment) cards, I mean in lounge four the other day the gentleman that does a lot of shouting he was looking through a magazine and he sort of came out with two words you know, and I thought, 'Oh my gosh', you know, I've never heard him speak like that before, you know, so you write that down on a magic moment card, you know, but it's one of those things."*

> *"The life boxes help, don't they, because they've all got something in their life box. So we've learned new stuff where they've got …And that's good if you're on a different House Group and residents you're not familiar with or … they are quite helpful."*

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"I mean Bob, he can't communicate, he just shouts; he can't say any words at all. But if he likes an activity that we're doing with him he usually grins at you. So, you sort of read his body language that way. He likes hats. Different hats just keep changing the hats. Or he likes reading gardening books, sports. So we know really by his body language. We read his body language that he's enjoying the activity that he's doing."

The core components of the individualised assessment process are illustrated in **Table 2.**

Table 2: Summary of the Enriched Opportunities Programme Assessment Process

What is the Locksmith looking for?	Questions that are asked?	Why is this important?	Tools that were helpful	How was this used?
Cognitive ability and engagement capacity	How does this person think? How do they communicate? How do they relate to the world? How do they relate to objects?	This helps in planning the level that a person can engage with activities and what type of support they will need.	Milestones Assessment of capacity for engagement and cognitive ability.	Filled out through observation of the resident in every day situations.
Life history	What are experiences from the persons past that could hold clues to improving and maintaining well-being now?	This provides clues as to what activities will be familiar and enjoyed. Also what objects could trigger positive memories and actions.	Life story books and life boxes.	Completed with person themselves or sometimes family members. Reading and sifting existing information.
Personality	What is this person like? What motivates them? What influences their mood?	This provides clues as to what the person enjoys and does not enjoy.	Well and Ill-being Profile Likes and dislikes and routines checklist.	Completed by Locksmiths' observations & discussion with key worker and family.
Current interests	What happens in the home that brings this person to life? What delights them?	This provides the establishment of everyday opportunities that can bring real joy.	Magic moment cards. Key cards.	These were developed as part of the programme and completed by staff and Locksmiths.

Activity and occupation: What were the core components of the Enriched Activity programme?

The programme was the responsibility of all working within the facility. The key components and the different roles of the Locksmith, the staff team and the management team were identified throughout the programme particularly through the interviews, focus groups and case studies. An overview of these can be found in **Table 3.** The first column on the Locksmith role describes the day to day job of the Locksmith. The following quotes illustrate the range of activities:

> *"The residents all need that closeness of one person. They feel special if you are talking to just them or doing something with them, they are bound to feel special aren't they?"*
>
> *"I mean they're all individuals. They've all got their own likes and dislikes, and being on a regular room you get to know, is that person happy doing this? Is that person now fed up doing that, and we should change to something else? Janine we have to leave on her own for a bit. It's more about finding out what they enjoy and giving them the choice to carry on."*
>
> *"Warm water, warm soapy water – dip their hands in there, they were just… they don't go for longer than about ten minutes. That is very soothing, it calms them down… concentrating on that, at the end of it."*
>
> *"There's other people who are a bit more reticent about joining in things and sometimes if you ask them they'll say no, but then they'll sort of sit on the edges and watch."*
>
> *"We have one woman that spends a lot of time in the rooms, and we know from her family that she used to listen to it. Now because we're playing that a lot, this lady, we're getting so much more response. She's smiling, she's happy, she's laughing. And we haven't had that for a long time – and it's lovely. It's really lovely."*
>
> *"We've actually got a bottle of Tia Maria in there for her as well, and sherry, so she's having a tipple with her meals, and it's lovely – she enjoys it. And her chocolate. So even though we're not doing a LOT with her down here in the main lounge, she is getting more one-to-one attention. She's getting something she likes listening to, she likes a drink, and a lot of touchy-feely."*
>
> *"With Elsie who's so difficult to engage…. With the balloons, she loves knocking balloons around. I mean she's just like plus 5, plus 5, plus 5 (exceptional well-being). And once you stop knocking it around she'll kind of hold on to a balloon and use it in a sensory way, so it's brilliant"*
>
> *"It is the simple things, it is like last week they had a snowball and put it in front of Bill (resident) and he picked it up and was passing it round, that is an activity. It is sensory, it's…whereas if somebody comes in and says you bake a cake what reaction are you going to get"*

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Table 3: Core components of the Activity Programme

Core component	Function	Locksmith role	Staff role	Management role
General good quality person-centred care	Meets psychological needs of vulnerable people. Overcomes exclusion.	Models this in all interaction, can explain its importance to all.	Positive attitude towards and empathy with residents/ tenants. Low number of personal detractions.	Recognition and reinforcement of person-centred care practice.
Individualised simple and fun activity and occupation that can occur everyday	Maintains well-being on a day to day basis.	Assesses what works with whom. Devises key cards. Communicates to all team. Monitors its implementation.	Carries this out on a one-to one with identified tenants/ residents or in small groups.	To give priority to this in workload planning and scheduling.
Communal space and equipment	To support the individual and group activities.	To assess what is needed, to maintain its use, safety and security.	To use equipment and props imaginatively and safely on a day to day basis.	To provide resources and space.
Getting out of the facility	Maintains feeling part of the world, empowers to continue everyday activities, fresh air, excitement and fun.	Organises and liases with appropriate places and people. Assesses suitability.	Provide one on ones where necessary. Risk aware.	Provide staff resources and planning support.

There was also the opportunity to involve other groups in delivering the Enriched Opportunities Programme. Again, this was led by the Locksmith but it was also recognised that the staff team and the management had their part to play here too. Coordination of outside therapists and assessing their suitability had happened in a much more haphazard way prior to the Enriched Opportunities Programme. Some of the things the staff picked up on were:

“I think the pat dog works well with those that like dogs. They get a lot out of that. And that’s quite a nice one as well isn’t it, you know, if somebody’s coming in to do it.”

“I know there are a couple on three that like their own space and what have you and I have noticed that they…they don’t need any cajoling or anything to come up now.”

“They will say, “Oooh what’s it…?’”

“Because one of them says now... ”Oh the lady is here”. And they come straight up and like they are all together rather than sitting.”

“And like aromatherapy. They enjoy it.”

“On St Patrick’s Day we had two Irish Dance girls in and the reaction from some of the residents was lovely. And we did a proper Irish meal and oh it was really nice. The relatives came in and they enjoyed it – the residents enjoyed it.

They love live action stuff – close stuff.”

“And they like that animal thing – those animal things, they love it. Everybody loved it.”

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Table 4: Involving others in the Activity Programme

Core people & agencies	Function	Locksmith role	Staff role	Management role
Outside therapists and entertainers	Maintains feeling part of the world and excitement. Brings in expertise that is not present in the staff group e.g. dancing, aromatherapy.	Organises and liases with appropriate places and people. Assesses suitability.	Ensure tenants/ residents are prepared beforehand and supported to get the most out of the therapy or entertainment.	Provide staff resources and planning support.
Working with volunteers	Brings in time and expertise that might not otherwise be available.	Organises roles for volunteers, supervision and support.	Ensure volunteers are welcome and be clear of their role.	Oversee the engagement and supervision of volunteers in the home.
Working with families	To ensure key relationships are maintained and that family expertise is fully utilised.	Forms relationship with key family members to facilitate life story work and ensure personal preferences are known.	Be welcoming of family carers and share care where possible.	To model and facilitate the involvement of family carers in the general life of the home.
Involvement with local mental health team or specialist statutory services	To ensure that health and well-being is maintained at the optimal level.	Liaison with health and social care professionals if problems with significant deterioration.	To be alert to worsening confusion or depression.	To facilitate good relationships with local teams.

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What have we learnt about training staff teams for Enriched Opportunities?

Training played a big part in the development of the Enriched Opportunities Programme in the nursing homes, but this needs to be further developed within the housing scheme. Locksmiths, managers and staff agreed that training had to change hearts and minds and provide the skills and attitude necessary to deliver the Enriched Opportunities Programme. All training should be accessible, fun, practical, and based on examples from practice with the client group.

There was a strong commitment that the whole of the staff team should be trained in the core approach and that this staff training should also act as a team building exercise. The core recommendations are outlined in **Table 5.**

The following comments on training illustrate its power to create a new way of looking at their work even for staff who had been employed for many years:

> *"It gives you more confidence as well and you looked at it in a different way. You may have looked at it in that way before but it feels different now."*

> *"And it sort of made you realise, you know, why some people get really withdrawn, some people start shouting, some people get really frustrated easily and impatient, and you think, you know, you can't blame them because I'd probably be like that if I was in their situation."*

> *"It just gave you a bit more empathy for them, and also that everybody's got 'non-negotiables', things that they need and they want. And when they went round the staff group it was all, everybody's non-negotiables were different weren't they, really?"*

Table 5: Training programme for staff

Core topic	Learning outcomes
Mental health awareness – all staff.	Knowledge and awareness about mental health and cognitive impairment in later life and how it affects people.
Person centred approach – all staff.	Valuing all people and understanding their perspective, team building.
Communication – all staff.	Effective communication with each other and with residents and tenants, observation skills.
Activity and Creativity – selected staff.	To be able to participate in fun activities with residents and tenants.
Physical well-being – selected staff.	Achieving optimum physical fitness for residents and tenants.

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What did we learn about management and leadership?

Throughout the programme we were never in any doubt about the key role that the management of the programme played in getting it established. This programme had leadership from the highest level within ExtraCare and a clear directive that it was a priority area to be developed. Nonetheless, implementation was not always plain sailing. In an organisation where the overall management had not been so strongly behind it from the outset, the Enriched Opportunities Programme would not have been established in anything but a most superficial way.

At the end of the interventions stage we asked the Operational Manager for all the schemes what advice she would give to other senior managers thinking of implementing this. She said:

> *"Absolutely do it. But recognise the need to take the whole organisation with you. It's not a process where you can buy a book, implement it and train a few people."*

By its nature, management is a dynamic process and it is this area more than any other where it is difficult to be prescriptive. Some of the core themes are summarised in **Table 6**.

The Expert Working Group identified the need for both Locksmith and care staff to feel that they contributed to decision-making and to productive work with the tenants and residents. The leadership function of the Locksmith was acknowledged from the start with the Locksmith being employed as one of the senior team with a salary commensurate with that position.

All Locksmiths reported a dual need both to feel supported by the manager of the facility but also to have the authority of being a senior member of staff. This presented a challenge for management in all the facilities. The manager of the extra care housing scheme commented:

> *"On the one hand you're trying to drive the project forward, keep the profile, all the rest of it. You're trying to encourage support, the perception that the Locksmith is senior and all the rest of it.*
>
> *But you're trying to encourage the Locksmith to get in at a very low level, very basic level, hands-on level, you know, not to become elitist, not to be seen just as another activity organiser, not to be seen as just an extra member of staff in the social club.*
>
> *"So, yeah, you've gotta guard against all those dangers as you go along. And that's not easy sometimes. Not easy."*

Another manager of one of the homes emphasised the necessity for regular communication between the Locksmith and the manager:

> *"I think there needs to be a structured period of, whether you call it supervision or whether you call it one to one. You need to have that important linking together, whether it be just for an hour or an afternoon together to work on something. But invaluable I would say, keep your Locksmith onboard, keep you onboard, work together at the team…*
>
> *There's always resistance from the team. There's always gonna be one that sort of says, 'Oh, I don't want to do that.'*
>
> *You know you can work better together than what you can coming from two different angles."*

Members of the Expert Working Group also had mentoring roles with the practice development sites, particularly in direct contact with the Locksmiths. This external supervision role was highly valued by some.

> *" It's good having somebody who's kind of, a) very supportive, and b) very bright, and very knowledgeable, you know what I mean."*
>
> *"When I've come against a bit of a brick wall and you're not sure, okay, I'm trying to do this and I'm a bit .. It's nice to be able to refer back to her and say, 'Look, here's my problems, I'm, you know, I can't quite work out, you know, why I'm trying to do this or where we're going with this.'*
>
> *And okay, she wouldn't necessarily say, 'This is what you've gotta do.' But I mean, she's very able to say, you know, 'Maybe you should think about this or look at this.' And that was really, really valuable."*

Part of the reason that it remained high on the agenda was the fact that it was a research project and that a lot of attention was focused on the results. The challenge is how Enriched Opportunities maintains management focus without this.

Throughout the project managers collected and collated feedback on the impact that the programme had on residents' lives via activities recording and Well Being Profile scores. The idea of having a senior coach specifically identified within the organisation who could mentor the process at a management level was seen as a possible solution to this.

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Table 6 Management and Leadership processes

Core process	Outcomes
Change management.	Taking the whole organisation from task focused to Enriched Opportunities Programme based care.
Ownership and prioritising at Executive Board level and at local management levels.	Enriched Opportunities Programme seen as having equal priority during times of competing demands.
Open and inclusive management style.	Enables front line staff to be responsive to changing needs of residents and tenants.
Seniority and authority of Locksmith.	Programme has status and staff have internal leadership and mentorship.
Supervision and mentoring for Locksmith.	Shared problem solving within team and external resource for tackling challenging situations.

What are the implications of this programme?

On the whole, the results are very positive as they demonstrate that it is possible to achieve higher levels of well-being and diversity of activity for people living with dementia in specialist nursing homes and for those at risk of exclusion within extra care housing. The Enriched Opportunities Programme remains active in all of the practice development sites and the follow-up assessments of the nursing homes suggest that progress has been sustained. Establishing the Enriched Opportunities Programme in the extra care housing practice development site was a particular challenge given the innovative nature of the project.

The overwhelming message from staff, Locksmith and management was that Enriching Opportunities was an excellent practical programme. Many lessons have been learnt about working in this way. As a result of this work we now have a much clearer idea of what the different elements of the Enriched Opportunities Programme look like in practice. It has moved from a theoretical ideal to a practical working model. We have a clear idea of the selection process, the assessment process, the provision of individualised activity, the person specification and job description of the Locksmith, staff training needs and the role and responsibilities of the Locksmith, the staff team and the management staff. We have learnt that a casework model of setting and working towards fulfilling personal goals with tenants in extra care housing works well with many vulnerable tenants.

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What next?

The results of the Enriched Opportunities evaluation will be published and disseminated in a variety of publications and events. This piece of work has taught us many valuable lessons that others can learn from and will inform future practice rather than being an end in itself.

Since the time that the formal research programme finished there has been a change of ownership for the three specialist nursing homes. The ExtraCare Charitable Trust now specialises entirely in extra care housing for older people. Extra care housing is the future of long-term care. Ensuring that people with mental health problems are not marginalised within extra care housing is a real challenge.

Within the Enriched Opportunities Programme we have developed a practical way of working that could ensure that people with mental health problems can lead happy and fulfilled lives within housing schemes without having to move into nursing home care if their mental or physical health status deteriorates. Whether the Enriched Opportunities Programme is sufficiently powerful enough to support people long term in extra care housing is a question that remains to be answered. Is it possible to support people and provide a good quality of life for them without them having to move on to nursing home or more restrictive care if their disabilities progress? In order to answer this question we need a longer term, controlled evaluation of the Enriched Opportunities Programme across a larger number of extra care housing schemes.

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Acknowledgements

Members of the Expert Working Group

Name	Expertise
Caron Alder	ExtraCare. Locksmith.
Kate Allan	Stirling Dementia Services Development Centre. Clinical Psychologist. Communication and the arts.
Prof Clive Ballard	University of Newcastle Wolfson Research Centre. Old age psychiatrist. Neuroleptics, community liaison research.
Paul Batson	Drama therapist. Creative story work.
Prof Dawn Brooker	Bradford Dementia Group. Clinical psychology, therapeutic work, practice development.
Errollyn Bruce	Bradford Dementia Group. Researcher. Longitudinal study of well being in dementia.
Prof Karen Bryan	University of Surrey. Communication, speech and language therapy.
David Campey	ExtraCare. Director.
Graham Carter	ExtraCare. Housing manager.
Mrs Sheila Cheeney	Family carer. Family carer perspective.
Ann Childs	Nottingham Health Care Trust. Physiotherapy, massage, body work.
Richard Coaten	Dance and movement therapist.
Steve Crump	ExtraCare. Fundraiser.
Carole Dinshaw	Worcestershire Mental Health Care Trust. Nurse consultant. Mental health, old age.
Jane Fossey	Oxfordshire Mental Health Care Trust. Consultant clinical psychologist.

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Tina Free	Dementia Care Trust, Bristol. Counsellor, Reiki master.
Penny Garner	SPECAL Specialist Early Care for people with Alzheimer's.
Jean Gendek	Family carer. Family carer perspective.
Margaret Goodall	Methodist minister. Spirituality.
Phillip Hall	ExtraCare. Locksmith.
Margaret Hardware	Family carer. Family carer perspective.
Melanie Howard	ExtraCare. Fundraiser.
Helen Kavanagh	ExtraCare. Home manager.
Prof John Keady	University of Northumbria. Admiral nursing, early interventions.
John Killick	Stirling Dementia Services Development Centre. Writer, creative arts.
Angela McCann	ExtraCare. Home manager
Rebecca Leech	Dementia Care Trust, Bristol.
Prof James Lindesay	University of Leicester. Old age psychiatrist
Hazel May	Ridgeway Dementia Care. Occupational therapy, occupation and assessment.
Emmett McNamee	ExtraCare. Staff development.
Prof Esme Moniz-Cooke	University of Hull. Clinical Psychology, challenging behaviour.
Janet Moorhouse	ExtraCare. Home manager.
Sally Nocker	NAPA Activities organiser.
Tracy Packer	Bristol Nurse consultant in dementia care (Acute Services).

Kate Reid	West Midlands Dementia Plus. Sheltered housing expertise.
Pam Schweitzer	Age Exchange Reminiscence Company. Reminiscence, drama.
Nick Stephens	ExtraCare. Home manager.
Dr Graham Stokes	Staffordshire NHS Trust. Clinical psychologist. Care homes
Dr Claire Surr	Bradford Dementia Group. Researcher
Paul Sykes	ExtraCare. Locksmith.
Liz Taylor	ExtraCare. Operations manager.
Denise Westwood	West Midlands Dementia Plus. Person-centred planning, training.
Rosemary Woolley	Bradford Dementia Group. Enriched Opportunities Programme researcher
Karen Woolrich	ExtraCare. Locksmith.

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