



Interim Report Year Two:

East Herts District Dementia Friendly Homes (DFH) Project

1. Summary

The East Herts Dementia Friendly Homes initiative delivered by Crossroads Care has improved the resilience, independence and wellbeing of residents of East Herts across tenures for people & unpaid Carers living with dementia.

The service delivered bespoke initiatives for 65 new clients in the period (July 16-April 17). Our specialist staff member undertook 115 visits, conducted 65 Dementia Friendly Homes Audits, provided 102 bespoke adaptations and 65 standard toolkits (see case Study 4 for details).

In 147 reported positive health and wellbeing outcomes- clients & unpaid carers in a before and after test, reported a 25% improvement in the adequacy of their living situation, & a 20% improvement in their ability to look after themselves.

We have revised our audit tool against leading University of Stirling methodologies, introduced new tested evaluation methods at subsidised cost from our partners, Carers Trust, continued a programme of awareness-raising talks and we seek to develop a legacy initiative for the project for which funding expires end June 2017. We have explored legacy options for supply of the toolkit with written instructions with local partners HAD, We believe a more effective legacy could be an extension on the existing project to enable us to assist with the spread of cost-effective benefits through third party supported assessments ideally supported from training & support from a Crossroads or other expert resource.

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2. Overall Outcomes & Impact

The DFH project provides a free toolkit to each participant (see Case Study 4 for specifics). A suite of free materials encourages: participation, awareness and a feeling of being supported by their local district in a time of extreme stress.

We supplied and fitted 227 elements of the toolkit to participants in the period, including: 54 clocks. 51 lightbulbs, 60 signs and 82 whiteboards & pens.

We advised clients on 102 possible chargeable adaptations beyond the budget of the subject of the project including: trusted traders, relevant grab rails, flooring fittings, garden clearance etc.

We facilitated 49 3rd party outcomes including: extended report on conditions, revised meals on wheels and changes to medication administration by care agencies.

We totalled 147 Interventions: 22% had the intention of reducing slips & trips, 24% were designed to promote independence and reduce anxiety, 19% were designed to accommodate visual impairments and 19% were designed to improve a feeling of connection with social capital.

Although a small sample 12 initial completions & 8 clients sampled twice (see Appendix 1) initial results are both positive and appear relevant as follows:

Improved where I live:	25%
Improved Ability to look after myself:	20%
Improved Health & Nutrition:	7.5%
Improved Dignity:	10%
Meaningful Occupation/Hobbies	10%
Better Social Life	5%
Managing Money Better	5%
How I feel	10%

Surveys were completed by both Carers and Client together and indicate that the highest score is their improved living environment and ability to look after self. It is always difficult or indeed impossible to speculate what crises were prevented by an intervention. However early indications are that the intervention is indeed very positive in some of the zones we would expect. The Case Studies give more insight into the particular impact of empathising with clients & the impact on unpaid carers – understanding the world from their point of view.

3. Key Developments in the period

In liaison with East Herts Commissioners we revised our impact measures and:

- Reviewed our audit tool against the leading University of Stirling Dementia Audit tool¹
- Reviewed our outcome tool and introduced the 2 step evaluation Independence star²
- Introduced an Intentional Outcome measure informed by the 5 Ways to Wellbeing principles e.g. Slips & Trips, Connecting People (see App 2).
- Lobbied all the lead dementia providers e.g. Age UK, Alzheimer's to incorporate a DFH initiative in their partnership outcomes.
- Met with Hertfordshire Association for Disability to discuss whether a legacy product of our toolkit could be provided by direct mail from their warehouse with written instructions on home audit.
- External presentations in the period included: Citizens Advice Bureaux, East Herts Housing Forum, East Herts Occupational Therapy team, Bentley House Living Well event, Isobel Hospice, Ware Alzheimer's Cafe, Bishop Stortford Alzheimer's Cafe, Crossroads: Hitchin, Letchworth and Stevenage Carers Connect cafe's.

¹ <http://dementia.stir.ac.uk/>

² <http://www.outcomesstar.org.uk/independence-star/>. We have also introduced the Carers Star to evaluate Crossroads Service effectiveness across services.

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4. Proposal

We propose a Three month extension to the DFH project covering the period July-September at a total cost of £13,105 (the Annualised figure is shown for information).

The extension would:

- a) Enable us to extend the service for an additional 45 clients and carers
- b) Ensure the completion of legacy discussions with any HIA and other initiatives within the County.

	Annual Effect	3 Mo. Cost
Full time Project Co-ordinator	26405	8802
travel expenses	2940	735
Phone & ICT costs	540	135
Tool Kit items	8100	2025
Publicity	500	125
	38485	11822
Management/Central Administration	3849	1283
	42334	13105

Appendix One: Case Studies

1. Mrs Green: Trapped in a dark house.

Mrs Green, a homeowner, has Alzheimer's disease; she is supported with domiciliary care three times a day and at a distance by her 2 non-resident nieces.

Following a referral by EMDASS our Home Audit Assessment showed a disordered home. None of the downstairs, stairs, landing or bathroom lights were working. Curtains were missing and a blind was permanently down. The only light source was the TV. The kitchen lights were dim. A Kitchen cupboard door was missing exposing brightly coloured bottles of cleaning materials which looked similar to her choice of squash -a safety hazard. The Garden was insanitary used as a dumping ground for rubbish by rogue traders who had worked in the home. Mrs Green hadn't had a shower in a year because the shower head was missing, she had been strip washed. Our Project Coordinator raised a safeguarding alert.

We fitted: light bulbs of appropriate Lumens³; a pull cord to the blind and new curtains of Mrs Green's choice to let natural light into the house. We arranged for the fitting and labelling of the cupboard door in the Kitchen to ensure that the cleaning products were not out on display and couldn't be mistaken for the fruit drinks that were otherwise on display.



Our Dementia Friendly Homes (DFH) Toolkit offers basic equipment that many clients have found useful. For many people with dementia cupboards all look the same and this can be disorienting and cause frustration and reduce independence. Identifier labels on cupboards (e.g. Plates, Food etc) enabled Mrs Green to find items in her kitchen. We hung a whiteboard to enable the Mrs Green & care staff to leave large print wipe-able messages in a consistent place. It's helpful for people with memory impairments to write things down when they occur to them, whiteboards are a very affordable solution. We supplied a large clock with the day and date to empower Mrs Green people to keep up with the time and date, daily living information that helps orientation and reduces anxiety.

We arranged for garden clearance and so Mrs Green could independently use her patio furniture to sit and enjoy her garden and replaced the shower head to enable a choice in washing options. This case identifies how gaps emerge between service responsibilities, we believe that with minimal

³ Lumens (denoted by lm) are a measure of the total amount of visible light (to the human eye) from a lamp or light source. The higher the lumen rating the "brighter" the lamp will appear.

<http://www.integral-led.com/education/what-are-lumens>

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investment from DFH project Mrs Green was able to live better in her own home and have many comforts that the average person takes for granted.



2. Mr & Mrs Red: Lewy Bodies & Lumens.

Mrs Red is living with Lewy Bodies Dementia with Parkinson's and is particularly susceptible to visual illusions, misperceptions and misidentifications. She uses a stair-lift to access her bedroom & toilet upstairs. During our audit we observe key activities of daily living and noticed she was unable to operate the stair-lift on her own. She struggled to seat herself and always needed help from her husband. In addition to risks of bruising & falling from being misaligned on a stair lift Mrs Red had lost confidence & independence to navigate her own home. We fitted of a light bulb with high luminosity (an average bulb is 300 we fitted a 1000 lumen bulb) and a battery powered sensor light immediately proximate to the stairlift. This reduced shadows & enabled Mrs Red to find her way & place herself on her the Stair-lift, increasing her feeling of confidence & independence & reducing the need for her husband to be "in attendance" for her to fulfil normal functions of everyday living.

Similarly Paul was continually asking his wife for the time and needed her help to change TV channels. She was at her wits end because she had put a clock right next to his head. Paul had vascular Dementia & experienced Transient Ischemic Attacks which had affected his right side & peripheral vision. We moved the clock straight in front of him and above the television so he no longer asked for the time constantly. We helped search for simple button remote control to enable Paul to choose his TV preferences.

3. Mrs Black: Grab-rails that work.

Modern, "Clean, Scandi-style" concepts of design in assisted living facilities that are not specifically designed for people with dementia often use chrome or rails that complement wall colours to make everything look non-institutional.

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Mrs Black has Parkinson's disease and Oedema (swelling). She uses her walker to access the ensuite bathroom which our audit indicated was unwieldy & inconvenient. We installed sensor lights so that so she could see where she was going at night.

We recommended fitting long fluted grab rails with the colour offset from the wall. As grab rails are usually fitted around areas people are likely to slip or have wet hands it is always best that they are fluted to provide that extra grip. The offset colour ensures that they can be differentiated from the wall and so can be grabbed even if they are slightly in the periphery. This meant that Mrs Black and her husband didn't need to worry so much around taking the walker into the bathroom as there was constant access to support that was easily used by all.

4. The power of signs and whiteboards

Each client referred to DFH is offered a free toolkit of affordable items with instructions on where they can access additional supplies:

- High Lumens lightbulbs.
- A large clock displaying date.
- Easy-fit Battery Powered sensor lights.
- A selection of helpful symbol & text labels.
- White Board & pen.

Approximate value £45 each.

At point of referral Joan was having difficulty locating the bathroom, experiencing a loss of dignity and causing a health hazard by relieving herself in the utility room and in odd secluded spots. Our assessment indicated that it wasn't obvious to Joan where the bathroom was. We agreed a protocol with the family that meant the bathroom door would be left open at all times when vacant. We created a series of signs with arrows to indicate the location of the toilet using her word "Lav" & a symbol. Whilst we were having a discussion with the family about prompts to manage her own continence, Joan went missing. She had taken herself to the toilet!

5. Over Stimulation – knowledge is power

John lives with Lewy-Bodies Dementia which can render hallucinations very real. Whilst the hallucinations can often not be stopped, the effects can be mitigated. He saw little girls walking on their sofa and was worried because they could have dirty feet. We agreed a plan that worked with his reality and placed sheets on the sofa to protect from dirty feet. We also helped the couple get an extended report on the condition.

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Appendix Two: 5 ways to wellbeing

By visiting each client in their own home we **connect** with the person living with Dementia and their carer. We then provide links and shared working with other professionals (social services, care agencies, trusted traders etc) to enable these families to continue to be supported and linked through their community. As we operate complementary services in the social care sector we can enable the unpaid carers to join the formal carer network and remain connected. We continue to stay in contact with the client to ensure that they benefit from the project connections initially established. Through enabling that person living with Dementia to support their own care needs we free up time for the carer, giving them a break to support their own lifestyle and so they have increased time for developing relationships outside their caring role. In year 2 we are also offering the use of the jointly app, a carer support network enabling everyone involved in caring for someone to be connected where appropriate. This supports keeping people connected, even when they are not actively involved in each change in care. This enables the client to have a wider array of support as well as taking the onus off of the sole carer and widening the responsibility and improving their confidence.

We support each of our clients to be active in supporting themselves. Our physical adaptations can enable people to continue to **be active** through safer mobility and ensure they still have the confidence in doing things themselves that most people take for granted.

This project **gives back** to the vulnerable people living with Dementia in East Herts. In providing bespoke, professional support and adaptations on a charitable basis, these individuals feel supported themselves. Many people feel isolated and don't know where to turn to for help and are very grateful for someone to come and make a home visit. Independence enables the clients to continue to play an active role in their own networks as well, such as community groups and their own grandchildren etc and renewing contact in this way is a great motivator.

This project is about **recognising and noticing** the individual needs of a person and in turn by seeing the world from their perspective enable them to engage as fully as possible with their environment. By relieving as much routine pressure on Carers we in turn enable them to buy time and energy back for their own self-care. In identifying challenges and potential issues around the home environment we can work with the clients to support independence and a better life for both the carer and person living with Dementia.

While each of the visits are about what the project can input, now we always look to impart learning opportunities for the person living with Dementia and their carers. The clients and their carers are always involved in the audit and given preventative information that is tailored for them to support the years to come. Crossroads as a charity also provides carer training that we offer to the clients of the Dementia Friendly Homes project to support informal training as well.

As a project we are always ensuring that we **keep learning**, assessing what adaptations work best and which need altering. Completing evaluations with the clients and doing qualitative one to one feedback, we can make sure that we continue to adapt and support the clients to the best of our abilities.

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Appendix Three: Independence Star Outcomes DFH:

	Where you live (Is the home environment adequate)		Looking after yourself (maintaining independence)		Health (Nutrition and sleep as well as taking medication/seeking treatment)		Being Treated with dignity		Meaningful activity (Hobbies)		social life (reducing isolation)		Managing money		How you feel (How you are coping)	
1	3	4	3	4	3	3	3	4	2	3	3	3	4	4	3	3
1	2	4	3	3	2	3	4	4	2	3	2	2	3	3	2	2
1	3	4	2	4	2	3	3	4	3	3	2	2	4	4	2	3
1	2	4	3	4	3	3	3	4	4	4	3	3	3	3	3	3
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1	3	4	3	4	3	3	4	4	4	4	4	4	4	4	4	4
1	3	4	3	4	3	3	4	4	3	3	3	3	3	3	3	4
8																
	22	32	23	31	22	25	27	31	24	28	22	24	26	28	23	27
	10		8		3		4		4		2		2		4	
	2.75	4.0	2.88	3.88	2.75	3.13	3.3	3.8	3.00	3.5	2.7	3.0	3.25	3.5	2.8	3.3
Avg	0						8		8		0		5		8	
Change		1.25		1.00		0.38		0.50		0.50		0.25		0.25		0.50
%		25		20		7.5		10		10		5		5		10

