

WINSTON  
CHURCHILL  
MEMORIAL  
TRUST

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# Grand Dementia Designs”

Australia and USA  
June/July 2016

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**Tracy Paine**

Winston Churchill Memorial Trust  
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Grand  
Dementia  
Designs”

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## 1

# Preface

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## About me



I have been a registered nurse for over 30 years and for most of that time I have cared for, and more importantly, 'about' older people. Over this time, I have had the opportunity to work for organisations that have always strived to provide the best in care and accommodation, putting the older person at the centre of all that we do.

I studied gerontology in 1995 and have since been involved with the RCN Older People's Forum and I chair the NCF Practice Forum and continue to contribute to national debates regarding nursing care models for older people. I am involved in the Housing and Dementia Research consortium and I am keen that further research is carried out within this important area.

My current role enables me to work very closely with our architects on the design and planning of all new villages, and I have spoken many times at conferences both in the UK, USA and Europe in partnership with the architects about the importance and experience of dementia design. During the last 15 years, my colleagues and I have worked towards the creation, development and growth of Belong villages in the North West of England.

I aim to use my learning to change and enhance the built design for our future Belong villages and to improve on our existing offering. This information will be shared with others who are responsible for the design and operation of care and housing facilities in the UK, in particular, within the 'Not for Profit' sector.

## Foreword

Prior to travelling to Australia and the USA, I had the opportunity of travelling to Berlin, Germany, to view some dementia care facilities with my Australian colleagues from HammondCare. This was a great opportunity to share ideas and reflect on our experiences prior to my visit to Australia a few months later. This report therefore encompasses observations from this prior experience.

After months of planning my main trip and making many contacts around the world, I was overwhelmed with the support that I was given by my colleagues when I actually arrived in Australia and America. People were genuinely very keen to show me their facilities and to share their experiences and learning. As a nurse and a manager, I found myself delving into every aspect of the provision, from the building to the facilities to the staff and of course meeting some very interesting older people.

Being English seemed to be a novelty, especially around the time of the Brexit referendum, and the Winston Churchill Memorial Travel fellowship certainly carried some weight! My travels were tight and days were packed, and I even managed to squeeze in extra visits at the recommendation and introduction (sometimes across continents) to others. I experienced torrential winter rain in Australia and hot humid heat in New York and public transport! I visited 12 cities, 17 providers and 32 different sites.

Unpacking what was in my head and on my iPhone onto paper and presentation has been something of a challenge, and I hope that I have done the experience justice to enable others to benefit from my trip through this report.

I kept a blog to make sure that interested colleagues back home could follow my travels: [click here](#)

## 2

## Introduction to Belong

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Our organisation was founded in the 1990s out of one of many local authority externalisations aimed at reducing the cost of care home provision. We took over 38 homes from Cheshire County Council. The homes were mostly 1960s built with 40 bedrooms, some shared rooms with curtains between the beds, one bathroom to ten people, a main lounge and a dining hall where everyone congregated for meals. By the late 1990s, through merger and acquisition, we had 54 homes around the north-west and around 2000 residents and 2000 staff. At that time, we were in the top ten providers by size in the UK.



During the 1990s, we refurbished the homes to help them cope with an increasingly frail population including people with dementia who had previously lived in long stay hospitals which were then closing. We fitted extra bathrooms and gave everyone their own rooms. We trained up our teams; we improved our recruitment and induction and gained a great reputation.

However, it was clear that our business needed to radically change as the traditional care home model was becoming no longer 'fit for purpose' and certainly not somewhere we would choose for ourselves. In particular we thought about those people in the last two or three years of their life who needed constant care and companionship. Our Dementia Strategy in 1997 led us to develop small 'units' where we had an opportunity to develop staff and practice in existing homes, but that was just a holding position whilst we developed our new model.

We researched models of housing and care to find out what was already out there. It was clear that we needed to build something new and something very different. We learned about dementia design at Stirling University and visited facilities within the UK and in Europe. We met with many people and talked with 'experts' and in 2007, after five years of development, we opened our first new build care village, Belong Macclesfield.

The distinctive feature that makes Belong different to others in the breed of new villages is household living. Since 2007, we have opened villages in Crewe, Wigan, Atherton and Warrington. The basic model remains: a village hub, six households of 12 people per household, 20 to 30 apartments and a range of non-residential services that bring customers into the village or takes Belong out to them.

The villages are centrally located, very visible and close to local amenities. We have plans for further villages in town and city centres and new waterfront developments. Care homes can be insular places – we are determined that Belong villages should be located at the heart of a community and that they should be attractive places to non-resident customers who will use our hair salons, café or gymnasium and will make these active places where people will choose to live, visit and work. Each new Belong will pay homage to its community and provide opportunities to engage with heritage, developing links with local museums to enrich this; current projects pushing new boundaries in this regard include the Heritage Gallery in Belong Newcastle-under-Lyme, or the Belong village being developed in conjunction with a Jewish trust in Didsbury.

15 years ago, we set out to take the best examples of buildings and practice we could find from the new housing models and see if we could make them work for our customer group: the frail over 85s and those living with the advanced stages of dementia. Now it's time to check our progress with providers overseas.

This report provides my findings and experiences from the many visits that I made in Australia and the USA.

## 3

## The project: my approach and interests

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The Winston Churchill Memorial Trust Funds British citizens from all backgrounds and of all ages to travel overseas and to bring back inspiration and examples of best practice for the benefit of others in their communities and professions.

The Fellowship is also in partnership with the National Housing Federation, the national body in England representing the work of housing associations and campaigning for better housing.

I was awarded a Winston Churchill Memorial Trust Travel Fellowship in 2016 which enabled me to use this to fund visits to pioneering care settings in the USA and Australia. The goal of my informal research was to enrich my understanding of the designed environment and models of care, and use this experience to inform further evolution of the Belong village model. We have developed as leaders in the field of dementia care in England and have a unique model that is very successful. However, with the changing nature of health and care for older people, the complexities of supporting people to live well with dementia and the expectations of our customers, we need to be learning more and keeping one step ahead.

### My objectives:

- Attend and speak at the International Dementia Conference, Sydney, Australia
- Visit as many state-of-the-art household, care home, retirement and specialist dementia schemes as possible to identify new approaches to dementia design and care
- Meet with personnel from different operations to learn about how their staffing models operate and how the built design supports that
- Look at how their customers are engaged in meaningful occupation and how local communities are involved with the care home and housing facilities
- Learn about the impact of new technology that is being used to support people to live independently for longer and how that links with the registered service
- Understand more about the models of care including nursing care: the UK has a real problem with nursing shortages and I was keen to see how other countries are coming up with solutions and different models to move practice forward

## 4

# Dementia

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## Background

There was an estimated 46.8 million people worldwide living with dementia in 2015. This number will almost double every 20 years, reaching 74.7 million in 2030 and 131.5 million in 2050. Much of the increase will be in developing countries. Already 58% of people with dementia live in developing countries, but by 2050 this will rise to 68%. There are over 6 million people with dementia in Europe with 800,000 people living in the UK and by 2050 Britain is expected to have around 1.7 million people with dementia.

In the UK 1 in every 14 of the population aged 65 years and over has a diagnosis of dementia; this figure is 1 in 10 people over 65 in Australasia and 1 in 9 in America.

Demographic ageing is a worldwide process that shows the successes of improved health care over the last century. Many are now living longer and healthier lives and so the world population has a greater proportion of older people. Dementia mainly affects older people, although there is a growing awareness of cases that start before the age of 65 (Alzheimer's Disease international).

The total estimated cost of dementia worldwide is US\$604 billion (£380 billion). A 2012 report by the World Health Organisation recognised that dementia is a global health challenge and called on countries to recognise this challenge and include dementia in public health planning.

## Design of the Lived Environment and Personhood

Dementia friendly environments have been defined as:

“ a cohesive system of support that recognises the experiences of the person with dementia and best provides assistance for the person to remain engaged in everyday life in a meaningful way. ”

*(Davis, S et al, 2009)*

The progressive nature of dementia inevitably leads to a significant reduction in capacity for self-care and self-determination, which are essential features of quality of life. Tom Kitwood's social-psychological theory of personhood (1997) challenges the notion that dementia must inevitably be characterised by decline, disintegration and despair, even though there is continuing decline in brain function. Kitwood's theory suggests that 'ill-being' may result from negative contextual stimuli, including physical environments that lack cues to orient the person to their present reality, and care practices that disregard 'personhood' by denying opportunities for making choices and decisions. Kitwood also suggests that evidence of person centred care is through a decrease in their ill-being and psychological symptoms of dementia, such as agitation, aggression and perseveration experienced by the person with dementia, and an increase in their well-being and quality of life.

Person-centred care can be distinguished by staff making genuine efforts to understand and meet the person's individual needs. Providers must ensure that the person living with dementia gains a 'sense of place and belonging' and should

provide emotional and physical security. Person centred care therefore improves the person's quality of life by helping them to feel valued for who they are, rather than being known for their disease. Personhood is achieved when staff respect the person's individuality, make contact with the person in order to understand their present world and give them recognition, respect and trust.

A well-designed environment is therefore key to achieving that sense of place and belonging and to help to compensate for age-related changes and impairments that can make it difficult for the person living with dementia to understand and navigate the built environment. These can be sensory, mobility or cognitive impairments, and sometimes a combination, which can affect functioning, behaviour, independence, and ultimately, quality of life.

In the words of Stirling University Dementia Centre: "Understanding such impairments is the first step towards creating living environments which support the needs of older people and those with dementia, keeping them safe from dangers, such as falls, which can have a devastating effect on an older person; allowing the freedom and confidence to use their abilities to the fullest extent, in all things from the mundane to the creative; aiding memory in day-to-day living; and reinforcing personal identity."

A well designed environment can also improve standards, practices and behaviours of staff and enhance the way that people with dementia are engaged within the environment in which they live.

#### **What is important about dementia-friendly design:**

- Specialist knowledge and advice is key at all stages of any redesign or development
- Addressing physical issues such as lighting, colour contrast, signage, textures and sensory stimulation is not enough on its own
- Tackling service and physical change together delivers better results
- Technology and adaptations – many of them inexpensive – can have a positive impact
- Using the arts as an integral part of design can offer lasting benefits for people with dementia
- Improving the care environment has a direct link to improved care standards and enhanced reputation

Various researchers have developed different sets of design principles and assessment tools that evaluate the impact of the built environment on people with dementia. Below adopted the design principles developed by Mary Marshall (1997).

#### **Good design should:**

- Compensate for impairments
- Maximise independence
- Enhance self-esteem and confidence
- Demonstrate care for staff
- Be orientating and understandable
- Reinforce personal identity
- Welcome relatives and the local community
- Allow the control of stimuli

HammondCare, a provider of specialist dementia care in Australia apply the following design principles:

**1. Small in size**

Large buildings are confusing and alienating. Homes are divided into small cottages with small numbers of residents.

**2. Familiar, domestic, home-like environments**

Kitchens that produce sight, smell and sounds of cooking are a feature of all good dementia services. They provide excellent orientation of time and place. Personal identification with space is also important.

**3. The environment must be legible**

A resident must be able to see or sense where they are and where they want to go. They must be able to read – not remember – the environment. Good visual access and good passive “cueing” is important. Cueing is to people with dementia what runway lights are to pilots. It can be achieved by using different timber panels for doors; artwork or furniture; natural lighting or more active cueing involves putting picture frames of collectables at bedroom doors. Use the building as a language to communicate.

**4. Promote self-esteem and autonomy**

Making every choice a “right” one. This means there are no dead-ends and any locked doors are unobtrusive. Different rooms have different daily activities and are welcoming and encourage visitors and family.

**5. Reduce unwanted stimulation; control stimuli, especially noise**

Noise is to people with dementia what stairs are to people in wheelchairs. Good dementia design controls the stimuli by promoting sounds that assist cueing and by reducing noise. Unfamiliar noises from plant and equipment and unfamiliar faces are “back of house”.

**6. Be unobtrusively safe and secure**

This does not mean creating high perimeter walls and padlocking doors. Protecting residents from external intrusions and from internal wandering is achieved and managed unobtrusively with a minimum of locked doors. Colour-coded taps, non-slip floors, remote switches for kitchen appliances, and nurse alert and paging systems that promote calmness not confusion are all elements of a safe environment.

**7. Provide for planned walking**

Access to safe and interesting outside space is provided for in the design.

**8. Provide links for the community**

Designing spaces where members of the community can be welcomed creates significant opportunities to enrich care facilities.

**9. Provide opportunities for privacy and social interaction**

Both are important and should be catered for in the design.

**10. Promote autonomy and choice**

Good design maximises independence and choices, e.g. over where people eat and what they do.

## 5

## Are we there yet?

### International Dementia Conference, Sydney Australia. 16-17 June 2016.

This conference examined the impact of building design on the lives of people with dementia in aged care, and considered what progress has been made to establish and enhance our environments over the past decade of supposed enlightenment. 'Grand Designs' reassessed the core challenges and aspirations that have shaped our thinking, and addressed the question "Are we there yet?".

Numerous models and philosophies of care have come and gone across the globe over the past decade; however, not all have impacted successfully in changing culture and approaches to care. During the conference we sought to understand what has actually worked and is worth keeping.

"Looking back over the past two decades, there is much that has changed and progress has been made in many areas including government policy and service delivery. But at the same time, some of the developments that heartened and encouraged me 20 years ago have not taken off as I had hoped or expected they would.



*The IDD Conference panel debate*

*Dr Stephen Judd, HammondCare*

Australia has been at the forefront of designing specialist units for people with dementia and the CADE units in the 1990s were ground breaking. Scotland had a burst of small homely dementia units in the 1990s. Beyond developed household living from 2003 onwards. However, we still see the appearance of new buildings that create unnecessary disability and distress. Our design panel debated and questioned why many providers do not take up the design features that have been evidence-based to provide good dementia care.

Potential reasons include:

- Ignorance of dementia design
- People not convinced it makes a difference
- People not determined enough
- Ill-informed views about cost
- Risk avoidance put ahead of therapeutic design

Despite evidence that small is familiar, the average size of care homes has grown by 60% and appear to be institutional and less 'home like'. It is impossible to separate design from the model of care – one affects the other and they both need to be right. People with dementia are individuals with their own histories, impairments and preferences. Not everything applies to everyone e.g. mirrors that may or may not cause stress. No one feature is going to solve all the problems; it is the combination of factors that works.

Professor Mary Marshall also presented at the conference and drew an interesting parallel with prison design, suggesting that there was much to be learned from good prison design in terms of the provision of direct line of sight and supervision, which is less stressful for staff. Her key points included:

- Nature and the importance of views and gardens
- Light - circadian rhythm and bright lights
- Noise - the need to have it controlled
- Layout - seems to be missing
- Space syntax - visibility plotting

This conference was preceded by a Palliative Care conference providing me with opportunities to link up with other professionals across the globe learning about end of life dementia care.

## 6

## Global approaches to dementia design and care

### Germany

I had the opportunity of visiting three facilities in Berlin with colleagues from HammondCare. We visited a village in Brandenburg that provided a mix of residential, nursing and dementia care, along with independent living on one site. The grounds provided lots of space for outdoors and a central café for visitors and residents. We also visited the Clara Zetkin Home, where dementia households were small single storey units located within the grounds providing direct access to the outdoors. Other features include:

- Central functioning domestic kitchens with a small rear pantry. A central work peninsula provided clear visibility and access for staff and residents. The sink and hob were located here.
- Gardens included aviaries, cycle parking and children's playground areas.
- The households contained 12 bedrooms linked by a corridor into an adjacent corridor and access to the garden.
- The corridor had shiny flooring and lots of glass, which could be confusing.



*The Clara Zetkin Home*

We then visited Domzil am Zoo in Dresden, a large care facility with apartments and a dementia care household. There were some nice design features here:

- The balconies which were all overlapping for visibility
- Sound control within the ceiling helped reduce noise
- Wayfinding items outside doors
- Gardens with pathways and open fencing into neighbouring garden and raised beds
- An enclosed balcony area from resident bedrooms provided seating and views
- A Kneipp Bund – a cold water pool where residents and local school children will take regular cold water walks. Kneipp was convinced of the healing powers of water and that ailments could be soothed and cured using herbs and indigenous plants. His years of experience and systematic and scientifically based research helped him to found the Kneipp philosophy which enjoys great popularity in Austria and parts of Germany today. Water, plants, physical exercise and nutrition form the basis of the Kneipp philosophy.

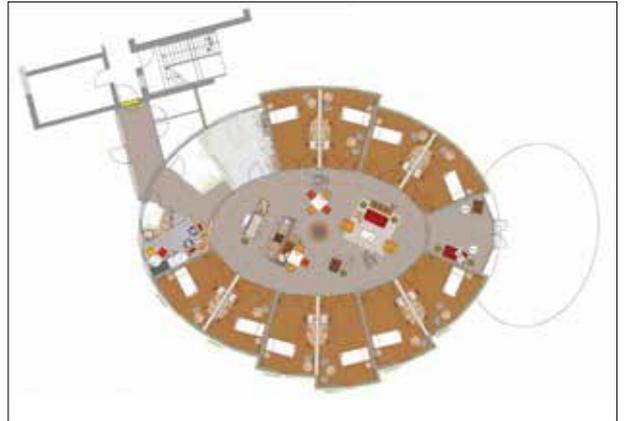


*A Kneipp Bund*

Our next visit was to Pflgoase (Oasis) in Zwickau which is a unit for 10 people with dementia. This was an interesting design with all bedrooms opening onto a central living area with garden access. The aim of this design was to support those people who are being cared for in bed to feel less isolated and more visible. The bedrooms had double doors so that beds could be moved out into the centre.

- The lighting could be changed to different colours to allow for mood control
- There was a cloud image on the ceiling which was to help with relaxation
- Small kitchen but no cooking
- Fireplace central
- Large garden with direct access

Having all rooms facing inwards does mean that there are no windows in the central living area which eliminates natural light. I also note the lack of personal items in the very basic bedrooms. This is an interesting concept however it would be unusual in the UK to have so many people being cared for in bed, and there could be a dignity and privacy issue arising from a person in a bed lying in the centre of the room with others.



*Pflgoase, Zwickau plan*



*Bed at Pflgoase, Zwickau*

## 7

# Australia - Visiting the Pioneers

## Sydney

### HammondCare

"...HammondCare has become known as the leader in Australia and recognised informally internationally as the organisation carving out the way in dementia care."

*Dr Jane Barratt, Secretary-General International Federation on Ageing*

My trip began with my hosts, HammondCare, a Christian charity based in Sydney, set up in 1932 and, by 1940, running 110 homes. In the 1990s, they moved from largely a residential aged care provider to an organisation leading the way in community and residential care and services particularly in dementia. HammondCare provides professional advice and expertise to other aged care providers, government and international aged care organisations.

I visited Hammondville with a group of UK nurse colleagues. This large village includes four residential aged care homes, independent living units and a community centre. In total, I visited three care homes with cottages of between 8 and 15 people.

- The Meadows - described as a low-care dementia home with three small domestic cottages
- Southwood - a dementia care home consisting of six small domestic cottages
- Miranda - a dementia care home consisting of eight small domestic cottages on a different site

The principal design of all cottages was similar, with private en-suite bedrooms centred around the following facilities:

- A fully functioning domestic kitchen
- An open plan lounge and dining area
- Two sunrooms and a parlour
- A TV room with a fireplace



*Cottages at Southwood*



*Garden at the Meadows*



*Small household kitchen with vision to rooms*

- A backyard
- A domestic laundry

Each cottage is a centred around a domestic kitchen and open plan living and dining area. This familiar, open space enables residents to take part in everyday kitchen and household activities. Sun rooms contain lounge chairs and small tables, providing a common space that also allows a degree of privacy. The sunrooms are located at the ends of each cottage, often with views to the garden, and have good natural light.

Secure back yards contain barbecues, benches and tables, raised garden beds and washing lines. They are used extensively for activities with residents and family visits. Looping garden paths link the outdoors with the indoors, minimising confusion for residents. The gardens are kept in very good condition. The domestic laundry has a washing machine, a dryer, a basin and a clear door so residents can see what is happening inside.

All cottages are at ground floor level, eliminating the need for stairs and therefore all have access to the gardens. There are chapels, cafés and activity sheds in the grounds.

Memory boards with photos are located at the entrance to residents' bedrooms to help them identify their private space.

- Residents have direct line of sight from their bed to the toilet, promoting independence.
- There is direct line of sight from the threshold of bedrooms to sunrooms, living rooms and kitchen, to help assist decision-making and prompt way-finding.
- Bedroom doors on different sides of the corridor are offset to minimise the likelihood of residents entering someone else's room.
- Taps are colour-coded hot (red) and cold (blue) for safety.
- Toilet seats contrast in colour to the bowl to promote independent use of the toilet.
- Some lounge chairs have seat cushions and back rests with contrasting colours to provide visual cues to residents with dementia and poor eyesight.
- Back of house functions – such as deliveries and linen trolleys – are separated from the cottage environment.



*domestic laundry*



*activity shed*



*staff entrance doors*

## *How the built design supports the staffing model*

I was interested to see the 'back of house' facilities that serviced the cottages out of sight of the residents. These included the medication storage, computers, staff noticeboards, laundry, skips and equipment. The kitchens also had a small pantry to the rear of the kitchen, reducing the reliance on kitchen units. The later designed facility at Miranda had various doors to access the cottage for food delivery and linen without the need to enter the front door.

HammondCare employ Specialised Dementia Carers (SDC) in the cottages which is a multi-skilled role, providing personalised care and support to residents, enabling them to engage in life within the home. SDCs assist with the full range of duties including personal care, maintenance of the cottage (e.g. cooking, cleaning, laundry, gardening) and provide opportunities for residents to engage in activities of daily living (e.g. participation in domestic tasks), leisure activities and wider community involvement. Their aim is to ensure needs are met when they arise, and that disruptions are at a minimum, with familiar staff tending to all residents' needs. This approach reduces the need for multiple people to provide different aspects of care, which can lead to increased levels of confusion and agitation for a person living with dementia. All SDCs work together as a team to give each resident the opportunity to succeed at activities of daily living and the SDC models appropriate behaviour and encourages a calm, supportive and secure atmosphere.

HammondCare state that a well-functioning cottage relies on flexibility and responsiveness of staff and this can only truly be achieved when demarcation of staff is absent. The building of relationships, both with the person who is living with dementia and their family is of great importance in caring for them, and this is promoted through the role of the Specialised Dementia Carer. This role aligns with Belong Support Workers, and our values and aims are very similar in both organisations.

Residents were placed within the cottages according to their assessed dependency and needs. This does mean that residents have to move if their needs change and people with frailty are not mixed with those living with dementia and higher needs.

## *Meaningful occupation and involvement with the local community*

“There has been strong evidence for some time  
about the potential of music to transform and  
improve quality of life”

I was particularly impressed and enthused by the music engagement project that was in place at HammondCare and presented at the conference. In the last year, more than 750 residents have been given iPods with personalised playlists in order to give them the opportunity to listen to the songs they love. The programme is being led by the Director of Music Engagement, Dr Kirsty Beilharz, a former Professor of Music, Sonification and Interaction Design at the University of Technology, Sydney.

To enable tailored, individualised music, the therapists have spent time with families and carers to design specific playlists for the residents, so that when the headphones are put on they hear something familiar and individually relevant. In this way, the technology becomes a tool facilitating engagement and building relationships.

Kirsty reported that music is key to some surprising synergies, such as reduction in pain perception, potential reduction in anti-psychotics and anti-depressants, increased mobility and balance, reduction in agitation, appetite stimulation, improved taste and enhanced food appreciation. Music edifies personal identity, individuality and community belonging, and it provides a way to connect and relate when speech fails.

## *Nursing care*

HammondCare brings health, hospital and aged care services together, and has developed innovative, flexible care models designed to serve people with complex health or aged care needs. Nurses who are also Specialised Dementia Advisors provide advice and support for the Specialised Dementia Carers (SDCs) to provide holistic care. This role is a clinical support role and is carried out in a consultative and advisory manner, where the nursing and care staff work together to improve quality of life for residents. The role has a level of professional accountability and responsibility in line with the registration requirements of an RN qualification. This role is responsible for:

- Advising and supporting the care delivery by the SDCs
- Educating and mentoring in clinical areas and processes
- Consulting in case management and clinical decision making
- Providing clinical oversight and professional competence as a Registered Nurse
- Implementing and supporting a resident comfort focus

HammondCare also have a 12 month graduate Registered Nurse programme.

For further information about HammondCare [click here](#)

## Synovum Care

“To provide creative solutions for complex needs, to deliver ‘as normal life as possible’ – Your life. Your way.”

I met this organisation in Sydney who currently operate some residential care, home care and flexible day care. Synovum have exciting plans to develop a new community located between Brisbane and the Sunshine Coast called Bellmere which boasts 50% outdoor space which is fully accessible for residents no matter how complex their care needs. A total of seventeen small scale living houses will line 6 streets emulating a typical Australian community; each house has 7 ensuite bedrooms, a fully functioning kitchen and laundry, dining and lounge room as well as their own defined front and backyard.



This new village was included in the design workshop at the international dementia conference, alongside a Belong village.

I met with the CEO to discuss her ideas behind the design which has been taken from the Hogeweyk Care village in Holland, a facility with 23 houses, a theatre, supermarket, outpatient care unit and a restaurant for 152 residents living with dementia. I had the opportunity of visiting this village in 2011 and took the opportunity to discuss the pros and cons of the design. In particular, the small houses of seven or eight are interesting, and the matching of different lifestyle choices within each household.

### *Living with like-minded people*

Synovum Care commissioned McCrindle research to develop an online Australia Lifestyle assessment tool to support the small scale living model. The prospective resident will answer 22 questions to identify their lifestyle type and houses are designed match the lifestyle.

The lifestyle groups adopted for the Australian model are:

- Conventional mainstream
- Traditionalist
- New conservative
- Modern innovators
- Contemporary collaborator
- Contemplative progressor

This lifestyle grouping and matching would need to be aligned to the UK lifestyle groups if we were to adopt this approach in Belong. It was clear that there are more opportunities to support a smaller group of people to live harmoniously in their reality than the larger numbers that we see elsewhere. However, build costs and ongoing viability to operate such small-scale living really needs to be evaluated.

There will also be a number of clubs that residents can register their interest in and participate in club meetings and activities. Clubs are dependent upon the resident's interests e.g. swimming club, music club, craft club, games club, men's club.

### *How the built design supports staffing models*

During the planning and build phase, Synovum have developed two seven bedroomed households attached to an existing facility in Wynyard, Tasmania. I had the opportunity to visit these two households and it was very obvious just how much more domesticated this home is, and how much resident and staff satisfaction is improved in this model. Testing out the small scale living has provided Synovum Care with the confidence to replicate this on a larger scale in Bellmere. The whole team will be comprehensively trained to understand and be able to support the needs of the residents who call Synovum Bellmere their home. Synovum Care aim to care for people until the end of life.

### *Meaningful occupation and involvement with the local community.*

In Bellmere village, residents will live in a typical residential style home and take part, with the support of House Companions, in their own daily living skills e.g. cooking, cleaning, menu planning, shopping and gardening. There is also spontaneous and natural activity such as listening to music, doing a crossword, watching a movie, going for a walk or gardening.

One of the criticisms of the Hogeweyk in the Netherlands is that the secure door is the front door and therefore the local community and members of the public are not able to walk in and use the facilities. In response to this, there is a keen commitment to ensure integration with the surrounding neighbourhood in Bellmere. There are plans to include a wellness centre with gym and spa, café, music centre, cinema, craft store, hairdresser, barber and corner shop, which will be open to the local community as well as the residents. The coffee service window from the café will be open to an external entrance to welcome the local neighbourhood in.

### *Technology*

Synovum Care are utilising audio and visual monitoring through CCTV for the small households from one central point. This prevents the need for a member of staff to be placed in each one, thus keeping the model viable. This approach would need to ensure all residents and/or their representatives give informed consent to being under surveillance as part of their care.

For further information about Synovum [click here](#)



*Front door to Small House in Wynyard*



*Small family dining area*

## Adelaide

'A healthy life brings with it opportunities not only for older people and their families but for society as a whole'

WHO 2015

### *Southern Cross Care*

I had the opportunity of spending three days with Andrew Larpent, CEO at Southern Cross Care, who is also a Winston Churchill Fellow from 2010/11. Based in Adelaide and South Australia, Southern Cross Care was established as a not-for-profit organisation in 1968 and provide a comprehensive range of health and wellness and at-home services, with beautifully appointed retirement properties and high quality residential care.



### *Oakfield Lodge*

On my first day, I was invited to attend the official opening of Oakfield Lodge in Mount Barker. This brand new residential care setting was of a very high specification and included gym and wellbeing facilities and a café in the entrance area. There was a huge central facility that would be used for parties and functions with a lovely large fireplace. Whilst there were defined areas of living with central kitchens, they wouldn't be classed as households and residents were able to move freely from one place to the next. Corridors were evident leading to spacious living areas. Meals were provided from a central kitchen. The bedrooms were nice and spacious, with en-suite bathrooms. However, I felt the sliding doors to the wardrobes could be confusing. There was good evidence of colour contrast and memory boxes but one particular resident seemed confused about her location.

During the next two days I visited several care homes and retirement villages with Andrew. We visited:

- Phillip Kennedy Centre at Largs Bay
- Myrtle Cottage Dementia Day Centre
- Belle Vue Court at Gawler
- Onkaparinga Lodge, McCracken Views
- Sandpiper Lodge and Riverside Village



*Memory cabinets*

I was very impressed with the quality and range of facilities provided by Southern Cross Care, and many sites provided both retirement living facilities and a registered care home. Most facilities had begun to include a café area within the care home, which was an effort to increase the number of community visitors and to open up the care home to families and friends, making the environment more pleasant for those residents living there. The cafés that were in use were those that had a staffing presence. Garden facilities were excellent and spacious, with balcony provision.

The households for people living with dementia were varied, some with disguised doors and artwork covering walls. This could be quite confusing in an attempt to perhaps dissuade people from walking. The philosophy of the organisation was to try to open all doors, removing secure doors to prevent any form of restraint. There was a move towards moving people out of 'nursing chairs' and to encourage more movement. Staff I spoke with were a little nervous of having all doors open, as some residents needed a degree of security and a balance was to be reached.

I saw some evidence of dementia design e.g. highly distinctive doors, personal identity on bedroom doors, and wayfinding artwork on the walls, but still come shiny corridor floors and colour changes to floor surfaces which could be confusing. The lounges were very homely and familiar, and some great views! Large open plan kitchens were evident in each living area but only used for snacks and drinks, with main meals being prepared in the main kitchen. Most homes and households had a small private dining facility, which was used by families for special occasions or for a quiet space to go to.



Café



### *Meaningful occupation and involvement with the local community*

Each facility had a gym and fitness centre, which was staffed full time by a Health and Wellness officer. I was really impressed by the efforts that have been put into the aspect of exercise and their 'Making Healthy Normal' programme. The aim of this programme is to empower all residents to improve their health related physical, mental and social wellbeing whilst developing their intrinsic capabilities. Services at Southern Cross are creating everyday opportunities for:

- Activity and exercise
- Healthy eating
- Positive thinking
- Social connections

If customers are identified as being at risk of decline, either physically, emotionally, psychologically or socially, a fitness programme will be put in place with access to fitness gyms and exercise classes. This approach led to a 54% reduction in fractures in one year and residents report:

- 63% feel more energetic and fitter
- 82% feel stronger
- 93% believe their quality of life has improved

Southern Cross Care's aim is to support people to 'walk until they die' and enable people to 'do the things they love most'.

I saw full activity plans in all homes and most facilities had the use of a bus to be able to take people out. Several lounges provided facilities and toys for children to encourage and welcome family visiting. There were some real efforts made by the managers to open up their reception areas as cafés in an attempt to encourage the local community in and even the local apartment residents to dispel any fears or myths they may have. Often these residents had their own village hall facilities and activities, but these weren't offered to those living in the care home. There seemed to be some missed opportunities in this regard and some barriers within the community to overcome.

### *Day Care - Myrtle Lodge*

Myrtle Cottage is located within the grounds of Myrtle Bank retirement facilities. This small cottage offers daytime respite, with a programme of meaningful interactions and activities based on the needs and interests of the customer. Staff offer a range of activities designed to suit the interests of each individual in care and understand the importance of preventing feelings of boredom, helplessness and frustration. Morning tea and lunch are provided from the domestic kitchen. This really did feel like home from home and was a great service for the community enabling those living with dementia to remain at home!



### *ECH – Seaside Day programme*

ECH is a charity and not-for-profit organisation that aims to promote self-determination and enable people to have the best possible life as they age. As an accommodation based provider, they made the decision to divest themselves of their care homes, focusing on independent living, health and well-being and staying independent through day and night programmes.

Seaside provides fulfilling day sessions for older people with memory loss or who are socially isolated, as well as support to carers. Activity choices include outings, gardening, exercises, crafts, involvement in the community and much more. ECH focus on wellbeing and enjoyment, providing opportunities for older people with memory loss to be creative, seek new experiences and socialise in a friendly, welcoming environment. The facility has two spacious rooms, each equipped with an activity area, kitchen, outdoor area and lounge, sessions are varied, providing support that suits individual needs and interests and include:

- Mixed sessions
- Men's clubs providing support and activities targeted at older males
- Art sessions for enhancing wellbeing through creativity



*Art room at Seaside*



I observed an art class in progress and it provided people with the opportunity to be creative and display their efforts. It is really great to have space to leave art and craft facilities out within a room that is purely for this purpose.

Carers are invited to attend any time or use our drop in service to attend appointments or take a break. Carers are further supported through counselling and advice services. Seaside is also home to the Third Place Café, offering carers a space to relax, take a break and socialise with other carers.

I was very interested in their new night respite centre which was designed to support the needs of people living with dementia and their carers. This brand new facility provides 24-hour care by combining overnight accommodation with day and evening social activities co-located at the site. It links very nicely through one door into the day care facility, which was very spacious and provided hot meals at lunchtime.

Facility features:

- Six private bedrooms each with an en-suite, modern décor and stylish furnishings
- A communal lounge and dining area with kitchen facilities
- Dementia-friendly design elements
- Arts & crafts, cooking, card and board games, picnics and outings, gentle exercise, music and entertainment
- Evening guests can enjoy dinner and relax in their own private bedrooms, or in the communal lounge; care is provided by staff with expertise in caring for people with dementia
- Secure, safe environment, including personal alarm systems and smart sensory technology, is fitted in each bedroom to detect movement, so at night unsettled guests can be monitored by staff



*Light switch and wardrobe doors*

This service will provide carers with the opportunity to take valuable breaks and allows them to enjoy everyday activities, relax, and spend time with family and friends.

I was impressed with the concept of the day and night respite and was really pleased to see dementia care design features included, such as colour contrast light switches, toilet seats, padded panels outside people's rooms, family dining, floor surfaces colour consistency and the approach of staff wearing pyjamas on duty to reinforce the time and place.

This whole site included a wellness centre open to the community and external garden space for activity. There were also some independent living apartments on site. I will be very interested to follow the progress and success of the night respite.

For further information about ECH [click here](#)



*Art created by Ballycara residents*

## Brisbane

### *BallyCara Retirement village*

“Village of Friends”



Founded in 1983 BallyCara is recognised as an innovative leader of care, services and contemporary accommodation for older Australians through in-home support, community engagement and Wellness Programs. BallyCara provides residential aged care, community care and retirement living with a dementia programme. Its mission is to create ‘a community of happiness, respect and friendship’.

I was invited to look around this wonderful retirement village which is set on the coast, by the waters of Moreton Bay at Scarborough on the Redcliffe Peninsula. As I walked through the gardens, it felt to be a very serene setting and a lovely place to stroll. I entered the village through a reception area that also led to a café and wellness centre. It was in full use by residents and created a nice welcoming atmosphere.

BallyCara provides a continuum of care through four levels of care and accommodation:

- Self care in independent living units and villas
- Assisted living in serviced apartments
- Low care (including respite care)
- High care (including dementia care)

I visited the aged care facilities that sit in the centre of the community, which were split into different living areas and a dementia household. Family dining was evident and there was a large central kitchen where food was served but not cooked here. Each area had removed the ‘nurse’s station’ and replaced it with a glass display area with different displays for wayfinding. There was also a very pleasant art room and craft area for residents. I didn’t see much in the way of dementia design and will be very interested to follow BallyCara’s progress as they begin to introduce new builds within the grounds. I did see aspects of ‘fun’ with playful characters added to the tables and the entrance hall and artwork on the walls.

### *Meaningful occupation and involvement with the local community*

The BallyCara Wellness Programme offers a wide range of personalised activities designed to help older people live healthier and happier lives. The programme is delivered by a team of qualified health professionals to promote optimal physical, mental and emotional wellbeing.

I was also shown the day care facilities for BallyCara that is in a house on the edge of the grounds called ‘Mary Haven’ providing for 10 people. The outreach ‘at home’ service is located here and I chatted to managers about the opportunities for growth from the village and other localities.

## “Live your life and forget your age...”

In keeping with its holistic approach, BallyCara provides a school holiday programme and a graduate nurse programme, showing commitment to staff and community.

### *Staff and culture*

I was interested to learn about their philosophy SONA™ (Gaelic for Happiness) and a culture of family where the ultimate lifetime goal is to foster happiness. Staff are encouraged to:

- Embrace each individual to genuinely understand their background, skills and passions.
- Enhance their independence and community engagement in practical and motivating ways.
- Inspire each person to maintain control of their life, discover new opportunities and prosper with real happiness.

Staff are asked to focus on hope by consciously challenging the ‘deficit approach’ and to focus on what residents can do by bringing the unique individual to the forefront. This ethos is embedded across the organisation, systems are built around it and it remains a guiding principle for organisational strategic growth. Staff are recruited and measured against it; prospective job candidates are asked to provide a written response to the question: “Do you think happiness is achievable for elderly people?”

A positive attitude could be the most important element to a happy life in residential aged care, according to early findings of a research collaboration between Queensland University of Technology (QUT) and BallyCara.

### *Technology*

During this visit, I was shown their electronic care planning system which was helpful as we were in the process of selecting a software solution to trial in Belong. I was also interested in the technology within the gym machines that used pneumatic air resistance and created personalised programmes for members. This creates the opportunity to run personalised sessions that are more popular for members.

## Melbourne

“We believe that all elderly people, regardless of poverty or lifestyle, have the right to live an independent and dignified life.”

### *Wintringham*

Wintringham is a not-for-profit welfare organisation created to address the scourge of elderly homelessness and is registered as a Housing Association. Wintringham provides dignified, affordable high quality care and accommodation to elderly men and women who are financially disadvantaged, homeless or at risk of becoming homeless. 85% of Wintringham residents are male.

I had the opportunity of spending a day looking around four sites within the Melbourne area. I found the day to be fascinating and, of all of the homes that I visited, the hostels felt more person-centred than anything else I had seen.

The hostels have certain design features which are consistent, although they all have a different feel and size. Wintringham actively consulted residents and staff at other hostels, to find out what parts of the design had worked and what had not. Each hostel has retained its intimate and homely nature.

I have taken reference from ‘Wintringham: Providing housing and care to Elderly Homeless Men and Women in Australia’, Bryan Liann CEO to describe the concepts underlying the built design:

“Interestingly enough from an administrator’s point of view, home-like buildings are actually cheaper to construct than institutions.”



*Verandah and walkway*

### **The belief that environment shapes behaviour and self-image**

The facilities are built to the highest possible affordable standards. Providing attractive and dignified personal space that can be owned by each resident positively affects a resident’s self-image and how he views the world, and has a real and tangible impact upon the resident’s health and well-being.

### **The use of verandas**

All residents have a veranda adjoining their room. Verandas provide each resident with a degree of ‘defensible space’ - an area which is neither public space nor private, an area that allows residents to be aware of what is happening around them without having to be part of it unless they choose. It is also a traditional form of Australian architecture which the older resident can relate to and enjoy.

### **The hostel is divided up into a number of small cottages**

This design replaces the traditional image of an aged person facility that has shared bedrooms and a central dining and lounge area all under the one roof. A typical hostel model is built around six cottages, all of which have a fully self-contained kitchen, dining room and laundry. Each cottage provides a home for between five and seven residents, all of which have private bedrooms and en-suites.

### **A staffing model based around the use of house carers**

The staffing structure revolves around each house having a part time house carer who provides individual and targeted services to each resident. The needs of the resident are determined after an initial assessment period and then documented by the hostel manager after consultation with the resident.

The house carer is responsible for providing the care that the Personal Care Plan stipulates. The carer is also responsible for purchasing and preparing meals for the house to allow for the individual likes and dislikes of each resident to be met in ways that would be impossible with a central dining room and kitchen. Typically, a visitor will smell the aromas of different meals coming from the kitchen of each cottage. I met a carer who was extremely proud of her puddings but a little embarrassed by her savoury offering. One hostel had replaced domestic kitchens with a more commercial offering in an attempt to improve standards, which I felt to be a backward step. Wintringham have recently used 'My Kitchen Rules Training Video' to introduce a fun way of influencing healthy meals.



*House carer*

The hostels are staffed 24 hours a day, seven days a week. In addition to the house carers and Hostel Manager, each hostel also has a full time recreation worker and a wheel chair accessible bus.

### *'Running the gauntlet'*

"It is not hard to imagine that you are in fact  
'running the gauntlet' as you pass by the cottages."

The design brief was to create a small village atmosphere, but also one that was potentially hostile or threatening to visitors.

"A common feature of all institutions is that it is the  
staff who are in control of the facility - certainly not  
the residents."

*– Wintringham set out to reverse that concept.*

This is not about discouraging residents from having visitors, but creating an atmosphere that gives the residents power over their area and which clearly states to everyone else that they are in someone else's home. I can confirm that this is exactly how it felt for me as a visitor. This is not to say that I was made to feel unwelcome, quite the opposite; some residents kindly showed me into their rooms which reflected exactly how they had chosen to live and were sacrosanct to the individual. There were many valued possessions in their rooms, which could not be touched by staff, and cleaning had to be negotiated.

A typical hostel will have six cottages that lie on either side of a narrow internal laneway and garden/pond area. The entire site is level and covered and uncovered walkways run off the laneway allowing wheelchair (and medication trolley!) access to every cottage and room at the hostel. The cottages feel welcome and



*Cottages and walkways*

attractive because of their design and the materials used such as Red Cedar and soft sandstone bricks. I loved the painted coloured wood at Eunice Seddon, but as we walked down the internal paths I was very aware that I was on someone else's property.

Belong has a lot to learn from Wintringham where I know that the staff still answer the door bells and decide who can come and go. More work to do, but interesting that the design would help this. We also discussed the administration of medicines. I found it interesting to see the use of trolleys in an 'outdoor' scheme, and suggested medicine cupboards in resident's rooms. This could then be intrusive if staff need to enter to administer; interesting debate for both organisations.

### *Common Shed*

Similar to the household concept, each cottage has its own public area that is for the exclusive use of the residents who live there. 'A common shed' has been built as a central meeting area for village residents to get together. The shed has a pool table, fridge and double opening stable doors which lead out onto a garden barbecue area.

I love the reference to 'Legends', portraits of people who live or have lived in a Wintringham hostel and feature on the website, along with their fascinating stories, and I had the pleasure of meeting a few legends!

For further information about Wintringham [click here](#)

## 8

## In search of the dream – America

### San Francisco, California

#### *AlmaVia, San Rafael*

This community is operated by Elder Care Alliance, an organisation that describes itself as an 'integrated system' committed to serving and enriching the holistic wellness of older adults and those who care for them through education, innovation and a network of professionals, care communities and partners. This vibrant community provides assisted living and memory care to older people from the Bay Area. It was nicely located within a community and close to parks and shopping centres.

Assisted Living in America includes help with everyday tasks like bathing, dressing, laundry and housekeeping. They can also help manage medications and escort residents to the dining room, activities or events; very similar to residential care in the UK. Their 'wellness services' include:

- Physical and life enrichment activities
- Transportation to appointments, shopping, sightseeing and events
- Spiritual services and faith-centred activities
- Programmes for Healthy Ageing
- Brain fitness activities
- Tai chi, yoga and other exercise programmes
- Trips to local museums, restaurants and entertainment
- Art classes in community activity rooms
- Live performances
- Intergenerational experiences bringing together people from ages 4 to 104

#### *Memory care*

Memory care is typically provided in an assisted living community such as San Rafael but, in some cases, it may be available in one of their 'skilled nursing' settings. The small unit was entered via a brightly decorated front door within the main village. There was a separate staff team on this household, a central kitchen, and 12 bedrooms with personal memory boxes and signs outside doors. The bedrooms were linked by a shared bathroom. Some shared rooms in use. There was a small but safe garden to the rear. A variety of activities were taking place involving all staff.



*memory care*

## *I'm still here™*

“If we are to create a sense of community and a social model of care delivery for persons with dementia in long-term care settings, we must create meaningful social roles.”

*Dr Maria Montessori*

The engagement-focused memory care philosophy is founded on the belief that everyone has an innate ability to learn and succeed, no matter how severe a person's memory loss. Using the 'I'm Still Here' philosophy AlmaVia help people living with dementia remain creative and engaged through communication and specialised learning techniques, staff training, and cultural and life enrichment programmes. This approach tailors activities to an individual's cognitive abilities and strengths, and has been shown to increase self-esteem and independence and significantly to decrease the anxiety, agitation, aggression and apathy often associated with dementia-related illnesses. (Camp,C *et al* 2011)

I was struck by the number of activities that were taking place and I had the opportunity of joining the memory programme at 10am. It was really quite structured but very effective. George, the life enrichment coordinator, was skilled at linking conversation and helping people to participate and make choices. I was also impressed by the approach that linked staff interests and skills with residents, to ensure that a full and engaging programme of activities was available.

For further information about Alma Via [click here](#)

### ***Silverado, Belmont Hills memory care community***

I had heard about the Silverado philosophy via Worcester University and was keen to visit.

This home is located within a 17-acre tree lined facility which was very pleasant and was entered through a secure entrance into a reception area. This opened onto beautiful gardens that were all accessible by residents. The walking paths lead to four small 'neighbourhoods' which all had their own front door access.

The neighbourhoods were connected either externally by footpaths or internally by a long hallway. The hallway had memory cabinets located outside each room to display important keepsakes and help residents find their room while providing valuable reminders of the things they hold most important.

The hallways were vast and long and I believe would add to a person's confusion. I felt there could be a risk of constant walking around the neighbourhoods and out onto the grounds, which could be exhausting for a resident. Silverado's aim is that communities' secure, enclosed courtyards and walking trails encourage mobility, maintain strength and balance and help to foster a sense of independence and freedom while maintaining safety. I noted chickens, dogs, birds, barbecue areas and a children's play area which were all in use and very welcoming.



*External walkways*



*Long hallways*

Within the neighbourhoods, there were small kitchens and lounges. Again food was prepared in a central location and delivered. I did note that each kitchen had fresh coffee on the go and there was water, fresh fruit and snacks within sight. Medicines are only administered by licensed nurses from trolleys so they can observe and respond to changes in the person's condition, thus reducing trips to hospital. Bedrooms were located off the hallway and were either single or shared. I was to realise that throughout USA there are still multi occupancy rooms which are not permitted in the UK unless related. There were activity programmes displayed throughout the neighbourhoods aimed at helping residents to keep active and engaged.



*Children's play area*

### *Meaningful occupation and integration with the community*

Silverado encourage the presence of children and staff. 'Associates' were actively encouraged to bring children to work with them as they have a noticeably positive effect on residents. There are partnerships with local schools and organisations. Kid's Club, volunteers/clubs with a purpose i.e. making items for others and residents teaching others a former skill (piano, Spanish, dance) are available. Pets are encouraged both in the community and those belonging to residents "as they provide love, companionship and a sense of purpose while giving the opportunity to maintain dignity and self-esteem".

### *Nexus*

Nexus, from the Latin for 'connections', is Silverado's specially designed programme to help individuals in the early stages of dementia build and maintain cognitive ability. Based in research and studies, the Nexus programme comprises six pillars of activities in which memory care residents will participate. The organisation provides an excellent reference list for clinicians to back up their approach.

The programme consists of 20 hours per-week of specialised programming along with individualised assessments and tracking that is provided to families quarterly. Nexus is focused on the beneficial activities and components of brain fitness that may slow the progression of dementia and is not anticipated to reverse or restore any cognitive losses.

### *Nexus Pillars*

1. Cognitive exercise
2. Physical exercise
3. Stress reduction
4. Support groups
5. Purposeful social activities
6. Specialised digital programmes

Evaluations include: Baseline Testing for mood, cognition and behaviour to determine a personalised engagement regime.

## Staff model

Silverado place importance on having a strong clinical team including a Medical Director, Director of Health services (RN), 24 hour registered nurses, MA Social Worker, best practice associates to residents and dedicated caregivers.

Silverado aims to support people to live 'normal lives'. I was particularly struck by this excerpt from the book by Bengt Nirje, the Swedish humanitarian and scholar:

*Normalisation means...A normal rhythm of the day. You get out of bed in the morning, You get dressed, And leave the house for school or work, You don't stay home; In the morning you anticipate events, In the evening you think back on what you have accomplished; The day is not a monotonous 24 hours with every minute endless. You eat at normal times of the day and in a normal fashion; Not just with a spoon, unless you are an infant; Not in bed, but at a table; Not early in the afternoon for the convenience of the staff. Normalization means...A normal rhythm of the week...*

You live in one place, Go to work in another, and participate in leisure activities in yet another...Normalisation means...a normal rhythm of the year...Seasonal changes bring with them variety, of types of food, work, cultural events, sports, leisure activities. Just think...we thrive on seasonal changes. Normalisation means... having a range of choices, wishes and desires respected and considered.

## Los Gatos Meadows

“Optimum quality of care is part of our heritage, mission, and values.”

This aged care community is operated by Episcopal Senior Communities, a not-for-profit organisation and sits on eleven acres of secluded woods, lawns and gardens at the foot of the Santa Cruz Mountains. This impressive community provides independent and assisted living with skilled nursing and memory care in the one location. The community is within walking distance to the historical downtown Los Gatos. This community enjoys great weather and small town conveniences and a valet service for parking and a bus service. The dining service within the main community was excellent and eating there was akin to a 5-star hotel experience. There are many daily activities and spacious grounds with walking routes that 'make living here, living well'.



## Health and wellbeing

The health care facilities in this community were excellent and included:

- Regularly scheduled physicians
- Assisted living, rehabilitation, and 24-hour nursing services on site
- Physical, occupational, and speech therapy service
- Wellness programmes, including wellness nurses

The skilled nursing centre provides a therapeutic programme that is designed to regain and maintain optimal health. The registered nurses and therapists provide 24-hour supportive care and rehabilitative services supervised by a medical director. Wound care, hospice care and intravenous therapy are provided on site with physical, occupational and speech therapies five days per week from the wellness suite. The rooms in this looked very clinical and the corridor did have a feel of a hospital ward.

## *Maggie's Place*

I was particularly interested in their memory care neighbourhood called Maggie's place. This was living accommodation for 12 people in one small area with a family sized dining, lounge, and kitchen with individual bedrooms coming off the core area. Residents had access to a small secure garden area through a fire exit and there were no windows to the core area which was very disappointing and I believe would cause some frustrations for people living there. Staff were also disappointed by this and did their best to brighten up the walls with external pictures. There was a very active memory programme in place with one dedicated staff member to drive this forward.

### *Meaningful occupation and engagement with the local community*

This large retirement community was very vibrant. There are lots of clubs, including the Furry Friends pet therapy services, community BBQs, chair volleyball and, with a large volunteer group and a community shop run for the residents by the residents, it felt very friendly and welcoming. The large multi-purpose room holds Thai chi, strength and balance, cardio classes, bocce ball and golf. Each July residents and staff organise a photo contest to recognise one another by their baby teen or wedding picture. You only have to look at their Facebook site to see what this community is up to!

For further information about Los Gatos Meadows [click here](#)

## *Sequoias, San Francisco*

Located in the heart of San Francisco's cultural corridor, The Sequoias describes itself as a 'Life Care Community' aimed at providing an active and engaging retirement for independent older adults. The Sequoias is a 25 storey building in the heart of the city, providing lovely gardens both internally and externally and of course great views. I was keen to see this building to establish what could and couldn't be provided on such a scale. This community offers studios, one and two bedroom apartments, assisted living, skilled nursing care and memory care. There was a central dining room for residents with a choice of table service or extensive buffet. It was clear that life in this building revolves around the use of the lift!

We were given the 'customer' tour and saw the following facilities:

- Rotunda art gallery
- Fitness centre with personal trainer available
- Seven-story atrium courtyard which was very pleasant with seating, library and access to the dining room.
- Beautifully landscaped grounds with five distinct gardens and a dog park
- Arts and crafts room with great space



*Maggie's Place*



- Meeting and event rooms
- A launderette for residents' use
- Beauty salon and barber shop
- Non-denominational chapel
- Gift shop – which did appear to be the place for village gossip and a place to sell unwanted items!
- Sewing centre, woodworking shop, game room with billiards



The health centre in the basement provides the services of a multidisciplinary team of professionals including nurses, therapists, and medical staff. The Meadows provides 'specialist' care for persons with a diagnosis of dementia and provides a safe, home-like environment and companionship to help residents maintain a meaningful lifestyle. Rooms were decorated nicely, with personal pictures outside the rooms for identification. There was a nurses station in the Meadows. The small dining area was serviced from a central kitchen. The skilled nursing area consisted of corridors which again felt like a private hospital.

## *University of San Francisco*

Through my connections in the USA, I had the opportunity to meet with Jennifer Merilees, Clinical Nurse Specialist at the UCSF Memory and Aging Centre and to join the clinic debriefing group for their research trial: Dementia Care Ecosystem 'Using Innovative Technologies to Personalise and Deliver Coordinated Dementia care'.



The mission of the UCSF Memory and Aging Center is to provide the highest quality of care for individuals with cognitive problems, to conduct research on causes and cures for degenerative brain diseases, and to educate health professionals, patients and their families. The Care Ecosystem is a proactive, phone-based model that emphasises coordinated, continuous, and personalised care and aims to improve health and satisfaction for people with dementia and their caregivers. The goal of this study is to better understand the needs of people living with dementia and their caregivers, to improve the care of those with dementia, and to lower dementia care costs in the future.

During the debriefing meeting I met with the Care Team Navigators (CTNs) who in turn had the opportunity of sharing and discussing concerns and advice for their customer base. I was impressed by the breadth of discussion regarding stress reduction, exercise, change of environmental factors and medication changes. The Care Ecosystem had four primary modules:

1. Caregiver – offer online educational forums and connect families with community resources
2. Decision-making module – facilitate medical, financial and safety decisions in the patient's values
3. Medication module – track and reduce inappropriate medications and trigger a pharmacist review

4. Functioning monitoring module – use smartphones and in-home sensors to detect changes in functional status

The CTNs have a caseload of 80-90 patients and are trained and supervised by the clinical team. A Dashboard is used with a patient portal and as a clinical workflow tool and will ultimately manage all of the information that is collected.

## NEW YORK, NEW YORK

### *Hebrew Home at Riverdale, RiverSpring Health*



RiverSpring Health is located in the The Bronx, and describes its mission as being ‘dedicated to transforming the landscape of ageing into a healthy and empowered experience’.

The campus sits on 32 acres and serves over 12,000 members, patients and residents across the greater New York City area and beyond. The campus provides independent living, assisted living, nursing care and at home care. The grounds are very beautiful with large sweeping lawns down to the Hudson River and views across to New York City from the higher apartments. This organisation is slowly making changes to its campus and changing the numbers of residential rooms to accommodate the changing needs of the ageing population. There is a desire to provide more ‘at home’ support whilst improving services for those living with dementia. There is also a great rehabilitation centre with a car, full kitchen and room layout. The New York Giants also installed turf in the rehab centre with photos and imagery.

The Hebrew home has 22 neighbourhoods, each dedicated to specific care needs. The Hebrew home has 24-hour nursing staff and on-site physicians, pharmacy, lab, x-ray, dental, ophthalmology, audiology and therapists with a warm water therapy pool, pet, art and music therapy. The home offers palliative and hospice care. The facilities were excellent for residents who were able to access them, but I did find the site extremely large and a little daunting to navigate.

I also visited the night care centre. This service provides overnight respite support between 7pm and 7am. The aim is to provide medical care and support and activities for people living with dementia overnight, or indeed those who may be vulnerable and alone at night. I was interested to see that people were being supported to be active overnight as they don’t sleep, which was a direct comparison to the aim of ECH in Adelaide who were promoting sleep but able to respond

in a comforting and supportive way within a household model if the person was awake. RiverSpring also offers a refuge for older people who may have been abused in their own homes.

The memory neighbourhoods are small living areas with central dining facilities and small kitchens with private bedrooms. The traditional model of care appears to be in place here, and there is a very clinical approach to nursing care. The Hebrew Home has introduced a video messaging service for residents living with dementia.



## Museum

RiverSpring is also home to a Jewish museum with 1,400 Jewish ceremonial objects and 5,000 works of art which runs through the home. There is also a full-time curator employed on the campus. This promotes history talks and visitors to the campus, with virtual tours of the collections being shared on the internet. Walking around the home, it is fascinating to see a variety of collections from First Ladies Dolls, Hollywood movie stars, Yankees memorabilia, timelines depicting the history of the Hebrew Home and art sculptures in the grounds.



*RiverSpring timeline and photo collection*

## Francis E Parker Home, New Jersey

Founded in 1907, Parker is based on the belief that people should be able to live in a home-like environment with the ultimate in personalised, affordable high-quality long-term care services. Guided by the principles of the Eden Alternative® person-directed philosophy of care, they see ageing as a natural and continuous stage of growth and development in human life. Parker states that it is committed to creating and maintaining an environment that enhances the lives of residents and their families, employees and the community.

The first of the two sites that I visited was Parker at RiverRoad where I saw their nursing care, memory care, health and wellness services and the day care. I was shown around by the CEO Roberto Muniz who is clearly very passionate about the care and support that is provided for his customers and staff, and that shines through their culture. We visited Evergreen Way, a neighbourhood within the



*Walking path*

home which specialises in high-quality and compassionate dementia care for those with early to mid-stage dementia. It was Parker's first "small home" model of person-directed care. The success of this led to the creation of Parker at Monroe as a small home community. The small house has a lobby area in front of the front door that is secure with some interesting features, such as a children's play area and a music area. As one moves through the home, it is evident that Eden principles have been applied from the internal plants in corridors to the child development centre where play areas were joined to the residents' garden and an entrance within the home so that residents could participate when arranged. This centre also provided care for the children of staff. There was a full activities programme for Evergreen Way.

Parker at Monroe is a newly constructed "small home" community, which opened in December 2014. The campus consists of six small homes, which are connected to a community centre. Sixteen residents with similar needs live together in each small home. Five of the six small homes at Parker at Monroe will care for people with all stages of dementia, who may also have complex physical needs, with one house not supporting those with dementia.

Each small home aims to provide activity programmes that are specifically designed for the cognitive level of its residents. The design of the households included a central kitchen area with spacious seating and dining areas where visibility was good. Staff are encouraged to eat with residents. The kitchens were of a very high standard and were in use.

There were two distinct areas of the living space to help with orientation. Each living space had a fireplace. There were some nice features around the kitchens and lighting, and there was access to outdoors from the ground floor households. Each small house has its own external entrance for visitors as well as an internal connecting entrance which connects all houses.

Skilled nursing care is available 24 hours a day. Medicines were administered by nurses from a trolley that was disguised in the living areas.

### *Meaningful occupation and engagement with the local community*

Parker at RiverRoad offers more opportunity for the community to visit and use the facilities with its wellness centre with swimming pool and gym, and also the two day centres: one for medical care and one for social care. It was interesting to hear about the need to keep the two separate and the extra needs for the people living with dementia, who need personal care and assistance at mealtimes. It was great to have the space in the core of the community for all to access. We ate in the café in Monroe and this was very quiet. It will take some effort to encourage the local community to come in and use this facility, which otherwise will remain very quiet.



## *The New Jewish Home*

### *'Age Like a New Yorker'*

The New Jewish Home is a not for profit organisation that is based in Manhattan, New York. It was founded in 1848 as a facility for New York's Jewish population, and now serves New Yorkers of all faiths and backgrounds. They provide long term care in a skilled nursing facility, including their innovative Small Houses, which were of particular interest from a Belong perspective, post-acute rehabilitation, senior living with home care services and home care options into a person's own home. Caring for 13,000 New Yorkers over three campuses, as well as in their own homes, whilst employing over 3,000 staff makes this is a large scale organisation.

### *Sarah Neuman, Westchester, Small House*

Within a larger care home, two small houses have been created where life centres around the needs and preferences of the residents. Wake-up times, activities and mealtimes are based on personal preference – not institutional convenience.

Each Small House has a small domestic kitchen in the centre, where meals are prepared each day and shared in a communal dining room, with visibility for all. One dining table is provided as a focal point for community meals and family dining. The living room has a fireplace and comfortable seating. The modern, homelike physical environment of each house 'creates an intimate setting that combines the warmth of living in one's own home with hands-on care'.

The staff are called Adirim (from the Hebrew word for 'noble') and their roles are very different to traditional American care homes. The care partners in the Small House communities all share the cooking, housekeeping and the daily caregiving for the residents and become a part of the small community. There is a plan that Sarah Neuman will have five Small House communities on three floors that will be home to 63 older people. The Small Houses include private bedrooms and some shared, each with its own en-suite toilet and shower.

Having tested the small house model out and proving its success, The New Jewish Home has bigger plans. The Jewish Home Lifecare in Manhattan is very institutional and much like many other nursing homes working within a medical model. This will be replaced by The Living Center of Manhattan, with plans to break the ground in 2017. The Jewish Home's new building will be New York City's first care residence to operate using the 'Green House' model with small 12 bedroomed households providing nursing care. It will be the first Green House residence to be built in a major city centre and will be a radical departure from the traditional nursing home. For most residents of Manhattan, "home" has been a vertical apartment building in the midst of a busy urban environment, and the plan is that older people will have a home more comparable to the ones in which they have always lived.

The Living centre 'Home in a High Rise' will be 20 storeys with 22 greenhouse homes, 8,000 sq ft square feet of gardens and ground floor space, with a 4,000 sq ft rooftop garden. The Promenade floor will include cafés, chapel, library lounges, spa and private dining and will be open to the public. There will be a total of 414 beds when it opens in 2019.



## *Greenhouse model*

The Green House approach is a non-institutional model that replicates the lived experience of older people who require long term care. Elders receive care and live within a small home that is registered to provide nursing care (skilled nursing facilities in the USA). The National Green House Replication Initiative is active in 33 states, with 185 homes open and many more in development in America. Research has shown that Greenhouse elders reported an improved quality of life in seven domains: privacy, dignity, meaningful activity, relationship, autonomy, food enjoyment and individuality and emotional well-being (Kane R, Cutler L *et al*, 2007).

I will be very keen to follow the progress of this ground-breaking scheme.

## 9

# Conclusions

## Outcomes and recommendations

My five-week trip gave me the opportunity to visit a huge variety of aged care facilities across two continents and to meet with many interesting providers. I have learned that whilst we all have different cultures and approaches to care and housing, we have the same issues to challenge us, i.e. a global ageing demographic, with a more discerning customer, a funding crisis and operating within a highly regulated sector.

The history of an organisation matters, as does the legacy of its buildings. For those of us who have the opportunity to develop new builds, we have the challenge of land prices and availability, links to transport and staff availability, whilst reflecting the needs of the local community. For some that is high rise schemes, whilst others have the land opportunities to build on one level. Whilst it is preferable to build on one level to provide people with the opportunity to access gardens and pathways, where this is not possible, it is perfectly acceptable to build up and the advantages to this are the views and the opportunity to be creative with roof and interior gardens.

I was disappointed to see so much inconsistency and poor design, from layout to corridors to flooring. There was not a lot to see that was any better in the way of 'innovative' dementia design but it was great to see organisations finding ways to support people living with dementia in other ways through staff training, meaningful occupation, exercise and well-being programmes. Many providers are working towards the proactive as opposed to reactive by developing 'at home' services, rehabilitation programmes and more support for carers. I saw some very vibrant communities, especially where the villages were highly populated, but I also felt there were missed opportunities, where care homes and independent living accommodation shared the same grounds, but not facilities. It is interesting to see providers' approach to integration and how people will move or not move through the services.

## Recommendations

### *Design*

#### ■ **Size matters**

Households of 12 is a common size and we know this is viable; however, smaller settings provide an opportunity to be more domesticated and less institutional. It will be interesting to explore the options of designing households for eight people.

#### ■ **Shape matters**

Corridors are still a problem for some. Open plan is best with clear visual access. It is important to create enough space for people to be together at mealtimes and during activity, but there is a need to review lounge spaces and a tendency to recreate a 'care home lounge'. If we get it right, then people will be out enjoying the gardens, participating in community or occupational activities or enjoying a rest in the privacy of their bedrooms during the day. Normalisation is key.

#### ■ **Household kitchens**

These need to be large enough for staff to comfortably cook every meal in and for residents to access. Small is stressful. It is worth exploring more back of kitchen storage.

### ■ **The Front door**

Consider where this is to ensure the optimum privacy and control of who enters – enabling the resident to take the lead. External pathways to front doors offer optimum privacy.

### ■ **Follow dementia design principles**

They still apply. It's not rocket science and it doesn't cost more. If regulators acknowledged evidence-based best practice in built design when awarding quality ratings, it could help drive up standards which, in turn, would improve practice and quality of life.

### ■ **Staffing models and the built design**

Design should support a multi-skilled worker. If we get it wrong, people will revert back to task and routine to protect themselves from stress. Always seek feedback from staff and observe people's day.

## *Meaningful occupation*

Being a member of a community is very important. That sense of belonging and a feeling that members matter to one another and to the group with shared interests and needs is key to quality of life. Providers should aim for inclusive facilities that welcome, nurture and support communities to grow and thrive from within the built environment.

- Offer engaging activities for like-minded people. Meet the needs of the engineers, the teachers, the lawyers the housewives, the nurses, the farmers.
- Consider lifestyle groups and matching.
- Provide space for activities to take place – and a room that can be messy ... and stay messy.
- Have a schedule of clubs and activity offering people choice and routine if they choose. Invest in personnel to keep that going seven days per week.
- Engage people using music, preferably with personalised playlists.
- Activity should be external as well as internal.

As the founders of the Meadows in HammondCare stated:

“We need to change from institution to home-like, from business to calm. The building is a prosthetic and is an aid to a person's life. It should have the values of home and provide comfort for residents and families. It should provide an environment where there are 'things to do.'”

## *Health and wellbeing*

- Provide a well-equipped gym, invest in health and well-being personnel and provide an exercise programme for everyone. This will have benefits for the most frail, rehabilitate those in need, keep the independent fit and offer opportunities to socialise for all. Offer this to the internal and external community.
- Research the outcomes of exercise programmes for all.

## Technology

- There is still much to be done in the UK to move forward with electronic care plans, medicines records and telecare.
- Review audio and CCTV monitoring in new smaller houses with care.

## Nursing

- Whilst Australia and the USA don't appear to experience the shortages of registered nurses that we have, there is a need to move forward on the role of the nurse within the small house and village model. Develop the role of the specialist dementia and palliative care nurse.

## The approach

- Don't be afraid to fail
- Everyone's opinion counts
- Invest time in the early stages of design

Having seen so many facilities and services in Europe, Australia and America, I do believe that Belong is both a learning and an innovative organisation that looks to our customers as the experts and, in doing so, will continue to be a world class provider based in the UK.

“It is impossible to separate design from the model of care – one affects the other and they both need to be right.”

When we question why staff revert back to 'task', we should look at ourselves: do we have the right people, culture, practice and built design to support true person-centred care?

We are in a good place with Belong – we know the model works and that there are always opportunities for refinement. We will continue to apply new learning to ensure this process continues.

## 10

# Implementation Plan

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*These are the actions that I have committed to as a result of my learning;*

## Design

1. Work with the architects to sketch an 8 bedroom household within a village design to check functionality and viability
2. Evaluate the use of commercial v Domestic laundries within the villages
3. Review all seating space in new build households to accommodate family dining and activity space.
4. Ensure all new designs have the open plan kitchen space with peninsula unit and back of kitchen storage
5. Introduce a 'Front Door' to the households

## Meaningful Occupation

6. Provide the 'I'm still here' training for staff through the Montessori training providers
7. Research Lifestyle groups assessments
8. Ensure an 'activity' studio is provided in all new builds.
9. Provide activity sheds in gardens and enhance garden design to ensure there are 'things to do' outside

## Health and Well being

10. Ensure all villages have an Exercise instructor, fitness programme and a gym and evaluate the impact
11. Review audio monitoring and implement electronic care plans.
12. Introduce the role of the Specialist End of Life Nurse

## A

# Appendix 1

## Itinerary

Sunday, 12 June		
09.10	Depart Manchester for Abu Dhabi	
06.55	Depart Abu Dhabi for Sydney	
Monday, 13 June		
16.55	Arrive Sydney	Hilton Sydney - 13-17 June 488 George Street, Sydney (4 nights)
Tuesday, 14 June		
09.00	Visits to Hammondville and Miranda <a href="http://www.hammond.com.au/facilities/miranda">www.hammond.com.au/facilities/miranda</a> <a href="http://www.hammond.com.au/facilities/hammondville">www.hammond.com.au/facilities/hammondville</a>	Small cottage visits with UK nurses attending palliative care conference.
Wednesday, 15 June		
09.00	Palliative Care Conference	Pallister House, Greenwich Hospital, 97-115 River Road, Greenwich, NSW 2065
Thursday, 16 June		
09.00	International Dementia Conference "Grand Designs Conference"	Hilton Sydney
Friday, 17 June		
	Grand Designs Conference <a href="http://www.dementiaconference.com/program/J000536_Digital%20Rego%20Brochure%20MAR.pdf">www.dementiaconference.com/program/J000536_Digital%20Rego%20Brochure%20MAR.pdf</a>	Hilton Sydney
Monday, 20 June		
10.00	Synovum Care Visit offices Natasha Chadwick, CEO Jennifer Brown, Project Manager - Strategy <a href="http://www.synovumcare.com.au">www.synovumcare.com.au</a>	Discuss new village model and go through plans

**Tuesday, 21 June**

07.25	Depart Sydney for Adelaide	
09.05	Arrive Adelaide	
09.30	Opening of Southern Cross Mount Barker Care Centre Opening of Oakfield Lodge  <a href="https://southerncrosscare.com.au/locations/oakfield-lodge-mount-barker">https://southerncrosscare.com.au/locations/oakfield-lodge-mount-barker</a>	
Evening	Restaurant dinner as guests of Southern Cross with key colleagues	Andrew Larpent, CEO

**Wednesday, 22 June**

09.00	Myrtle Cottage - Dementia Day Centre and the Philip Kennedy Centre at Largs Bay  <a href="http://www.southerncrosscare.com.au/locations/myrtle-cottage">www.southerncrosscare.com.au/locations/myrtle-cottage</a>  <a href="http://southerncrosscare.com.au/locations/the-philip-kennedy-centre-residential-care">southerncrosscare.com.au/locations/the-philip-kennedy-centre-residential-care</a>	
13.00	Belle Vue Court	Gawler
Evening	Dinner with friends who are residents at 'Living Choice'	Fullarton

**Thursday, 23 June**

09.00	Onkaparinga Lodge, McCracken Views, Sandpiper Lodge and Riverside Village	Goolwa
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**Friday, 24 June**

09.00	ECH Deb Temple, Project Manager Dementia  <a href="http://www.ech.asn.au/health-wellness/health-wellness-programs/locate/120-seaside-wellness-henley-beach/">www.ech.asn.au/health-wellness/health-wellness-programs/locate/120-seaside-wellness-henley-beach/</a>	Visit to Day centre and night respite
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**Saturday, 25 June**

Evening	Meet Andrew masters, Architect for dinner	
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**Sunday, 25 June**

07.05	Depart Adelaide for Brisbane	Virgin Australia Flight No VA208
08.55	Arrive Brisbane	Airbnb, West End

**Monday, 27 June**

09.00	Ballycara Retirement Centre, Wellness Centre  <a href="http://ballycara.com/">http://ballycara.com/</a>	Oyster Point Esplanade, Scarborough, Brisbane QLD4020
14.00	Visit to care home	

**Tuesday, 28 June**

10.00	QUT, Elizabeth Jeffries	Brisbane QLD
20.55	Depart Brisbane for Melbourne	
23.20	Arrive Melbourne	

**Wednesday, 29 June**

9.00	Fly to Tasmania to meet Natasha from Synovum care	Look at 2 small house models at Wynyard
16.00	Meet Kirsty A Bennett Manager Environmental Design at airport	

**Thursday, 30 June**

08.30	Wintringham Hostel Phil Goulding, Deputy General Manager Operations <a href="http://www.wintringham.org.au">www.wintringham.org.au</a>	1/341 Macauley Road Kensington (Vision Australia Building). Visits to 4 hostels
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**Friday, 1 July****Saturday, 2 July**

09.25	Depart Melbourne for Los Angeles	
10.25	Arrive Los Angeles	
10.45	Depart Los Angeles for San Francisco	
12.20	Arrive San Francisco	

**Sunday, 3 July****Monday, 4 July****Tuesday, 5 July**

09.30	AlmaVia of San Rafael <a href="http://www.eldercarealliance.org/almavia-san-rafael-memory-care">http://www.eldercarealliance.org/almavia-san-rafael-memory-care</a>	515 Northgate Drive, San Rafael, CA 94903
14.00	Silverado Belmont Hills Lisa-Marie Franz, Family Ambassador <a href="http://www.silveradocare.com">www.silveradocare.com</a>	1301 Ralston Avenue, Belmont, CA 94002

**Wednesday, 6 July**

10.30	Los Gatos Meadows <a href="http://www.jtm-esc.org/los-gatos-meadows/map/">www.jtm-esc.org/los-gatos-meadows/map/</a>	110 Wood Road, Los Gatos, CA 95030
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**Thursday, 7 July**

10.00	The Sequoias Alison Short, Director of Marketing <a href="http://ncphs.org/ccrc/sequoias-san-francisco">http://ncphs.org/ccrc/sequoias-san-francisco</a>	1400 Geary Blvd, San Francisco, CA 94109
13.00	Meet Jennifer Merilees Clinical Nurse Specialist Health Sciences Associate Clinical Professor	UCSF Memory and Aging Center. Attend clinical debriefing

**Friday, 8 July**

10.00	Meet Patricia Player Maxwell	Maxwell's Senior Care Services LLC, Foster City.
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**Saturday, 9 July****Sunday, 10 July**

15.00	Depart San Francisco for Newark, New York	
23.20	Arrive Newark	

**Monday, 11 July**

09.30	Riverspring Health Laurie Sedwick, Director of ACCESS / Admissions Daniel Reingold, CEO <a href="http://www.riverspringhealth.org">http://www.riverspringhealth.org</a>	5901 Palisade Avenue (Off 261st and Riverdale Avenue) Riverdale (Bronx), NY 10471
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**Tuesday, 12 July**

09.30	Audrey Weiner, Tammy Marshall The New Jewish Care Home (Greenhouse Model) <a href="http://jewishhome.org/locations/bronx/">http://jewishhome.org/locations/bronx/</a> and visit to Sarah Neuman, small house model, Westchester.	100 West Kingsbridge Road, Bronx, New York 10468
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**Wednesday, 13 July**

10.00	The Francis E Parker Memorial Home Roberto Muñiz, President & CEO July Collett-Miller, Director Planning & Administration <a href="http://www.FrancisEParker.com">www.FrancisEParker.com</a>	Pavilion Site, 1421 River Road, Piscataway, NJ 08854 and Parker at Monroe
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**Thursday, 14 July****Friday, 15 July**

09.30	Depart New York for Manchester	Flight No - TBA
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## List of Organisations

AlmaVia of San Rafael	<a href="http://www.eldercarealliance.org/almavia-san-rafael">www.eldercarealliance.org/almavia-san-rafael</a>
BallyCara	<a href="http://www.ballycara.com">www.ballycara.com</a>
ECH	<a href="http://www.ech.asn.au">www.ech.asn.au</a>
Francis Parker Memorial Home	<a href="http://www.FrancisEparker.com">www.FrancisEparker.com</a>
Hammond Care	<a href="http://www.hammond.com.au">www.hammond.com.au</a>
Los Gatos Meadows	<a href="http://www.jtmesc.org/losgatosmeadows">www.jtmesc.org/losgatosmeadows</a>
Maxwell's senior care	<a href="http://www.fostercityeldercare.com/">www.fostercityeldercare.com/</a>
QUT	<a href="http://www.dtsc.com.au">www.dtsc.com.au</a>
Riverspring Health	<a href="http://www.riverspringhealth.org">www.riverspringhealth.org</a>
Sequoias	<a href="http://www.ncphs.org/ccrc/sequoiassanfrancisco">www.ncphs.org/ccrc/sequoiassanfrancisco</a>
Silverado Care	<a href="http://www.silveradocare.com">www.silveradocare.com</a>
Southern Cross care	<a href="http://www.southerncrosscare.com.au">www.southerncrosscare.com.au</a>
Synovum care	<a href="http://www.synovumcare.com.au">www.synovumcare.com.au</a>
The New Jewish Home	<a href="http://www.jewishhome.org/">www.jewishhome.org/</a>
UCSF Memory and Aging center	<a href="http://www.memory.ucsf.edu/">www.memory.ucsf.edu/</a>
Wintringham	<a href="http://www.wintringham.org.au">www.wintringham.org.au</a>

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- The Design for Dementia Audit Tool  
developed by the DSDC at the University of Stirling (Cunningham, Marshall *et al.* 2008 and Cunningham 2009) based on criteria identified by Marshall for residential facilities for people with dementia (Marshall 2001).
- The General design guidance for healthcare buildings (March 2014) Health Building Note 08-02 Dementia-friendly Health and Social Care Environments)
- The UC San Francisco and University of Nebraska Medical Centre Dementia Eco System: Using innovative technologies to personalise and deliver coordinated Dementia care.  
<http://www.careecosystem.org/>

WINSTON  
CHURCHILL  
MEMORIAL  
TRUST

“  
Grand  
Dementia  
Designs”  
”

**Tracy Paine**

Winston Churchill Memorial Trust  
Travel Fellowship (WCMT) 2016