An activity-based model for residential care

Activities should be a vital component of good care but are often neglected. **William McMorran** visited two exemplary day time activity centres abroad and argues that there are important lessons which could easily be carried over to residential care in the UK

William McMorran is a director of Architectonicus, which specialises in evidence-based design for wellbeing. He was awarded a Winston Churchill Memorial Trust (WCMT) Travelling Fellowship for 2016 and this article summarises his WCMT report The Architecture of Care. *For the full report, go to www.wcmt.org.uk and the author can be contacted at williamgmcmorran@architectonicus.co.uk*

NHS and local authority cuts, care home closures and overstretched, over-stressed staff are constantly in the news. As one experienced owner of a care home, rated outstanding by the Care Quality Commission (CQC), put it to me: "I am getting tired of the same old same-old; I am still sorting out the same problems I was dealing with 30 years ago."

But it should not be that difficult to get it right and a radical step change in the whole concept of care is now imperative. Just how this can be done became clear to me when I experienced dementia care best practice in Australia, Canada and the Netherlands, thanks to a Winston Churchill Memorial Trust Travelling Fellowship.

During my Fellowship travels, I discovered two outstanding initiatives which demonstrate a basis on which to develop a fresh approach to the support of people living with a wide range of dementias: the Dotsa Bitove Wellness Academy in Toronto and the Activiteiten Centrum (Activity Centre) in Soest in the Netherlands. Both are day time activity centres, but their unique combination of a highly stimulating environment and daily immersive activities could easily be applied to a new model of residential care as well.

Toronto's Wellness Academy draws its strength from neuroscience research demonstrating how, at the onset of dementias, right-side brain capability is more enduring than the left side. Because right-side brain function relates to emotional and aesthetic response, all daily activities provided by the academy are centred on active learning through relationship building and inspiring arts-based programmes, including dance, music, sculpture, painting, drawing, poetry, singing and much more.

The Soest Activity Centre is a project emanating from the "Meeting Dem" initiative (visit www.meetingdem.eu) pioneered in the Netherlands as a source of post-diagnostic support for people living with a dementia and their family carers. There are now over 140 meetings centres throughout the Netherlands and the concept has been trialled in the UK, Poland and Italy.

At Soest the emphasis is on a full day, rich in activities, shared by members who are encouraged to develop confident relationships among themselves. Although not so neuroscience-based, the similarity to Toronto in the concept of immersive daily activities is striking.

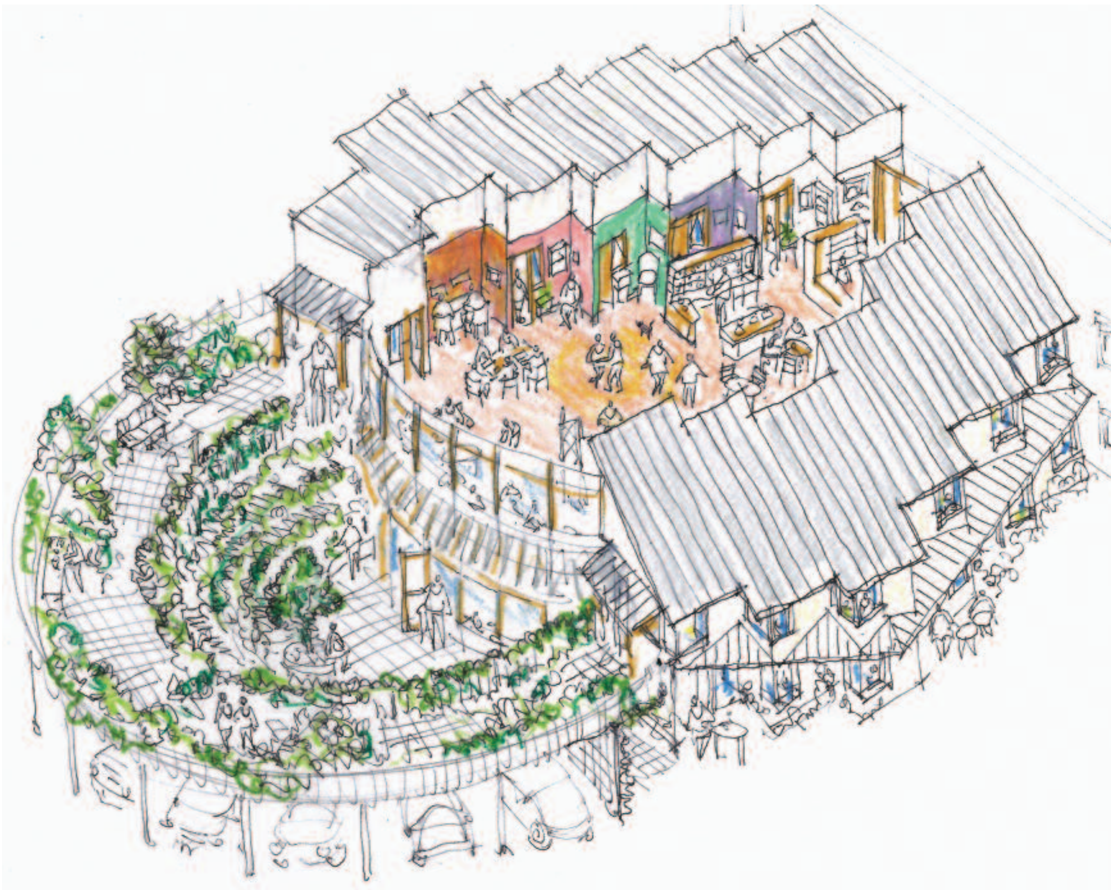
Both projects are held in simple open spaces where participants and the support team are able to see within their direct line of sight not just an obvious set of activity choices but also their colleagues with whom they will share their day. Opportunity for engagement is immediate. Each member is able to make independent, meaningful personal decisions on an equal footing with everyone else in the room.

No one has to search down a corridor looking for something to do. There is equality and respect between all participants; everyone learns from everyone else and all contributions are valued. Everyone's personal situation is respected and dementia was never mentioned while I was there. The point is to promote non-judgemental enjoyment, exploring in the moment what each person can do, not what they can't.

In both projects two activity spaces are available, but group relationships are so strong that it is

Designing for well-being in care homes

- Two outstanding initiatives in Canada and the Netherlands suggested fresh design-based approaches to support
- Both initiatives focus on immersive activities and providing a stimulating environment for them
- Simple, open spaces with clear sightlines across them are key, so that everyone can see what there is to do
- Emphasis is on "doing", not on passive participation based on watching everyone else doing things
- Activity spaces are too often segregated and depend on navigating disorienting, institutional corridors
- For residents, "shopping mall" design can make it feel like trying to find your real self in an airport departure lounge
- Self-contained clusters with bedrooms opening directly on to activity areas – and allowing for private space – are an answer.



Left: My overall vision is of a two storey activity community, in which inside and outside are integrated and residents have easy access to shared, meaningful activities

Below: Key to my approach is the residential cluster model with bedrooms opening on to the activity area, giving residents opportunities for immediate engagement and allowing clear lines of sight for residents and staff

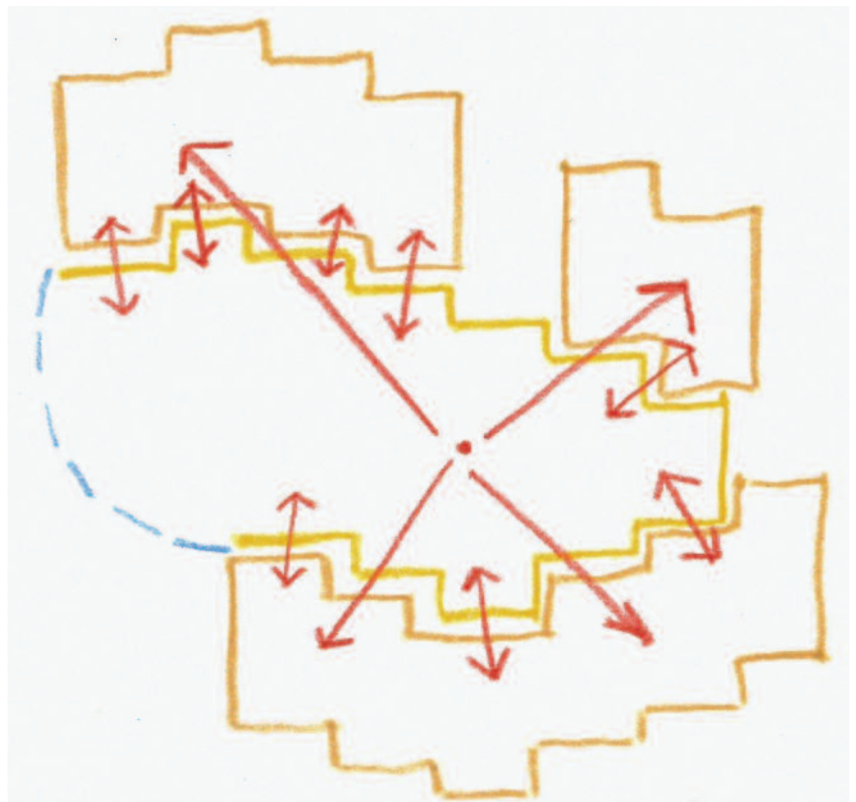
always preferred to do things together; participants express themselves as "we" and as "family" and say "this is our home". Because everything happens in one space potential personal conflicts can be carefully observed and proactively resolved long before a crisis develops.

A substantial amount of background information is gathered from family and friends before a new member joins the group so that individual character traits and needs are understood and anticipated. Support staff clearly enjoy having time to use their skills, ensuring that each member feels safe and confident in the group. Members actively support each other.

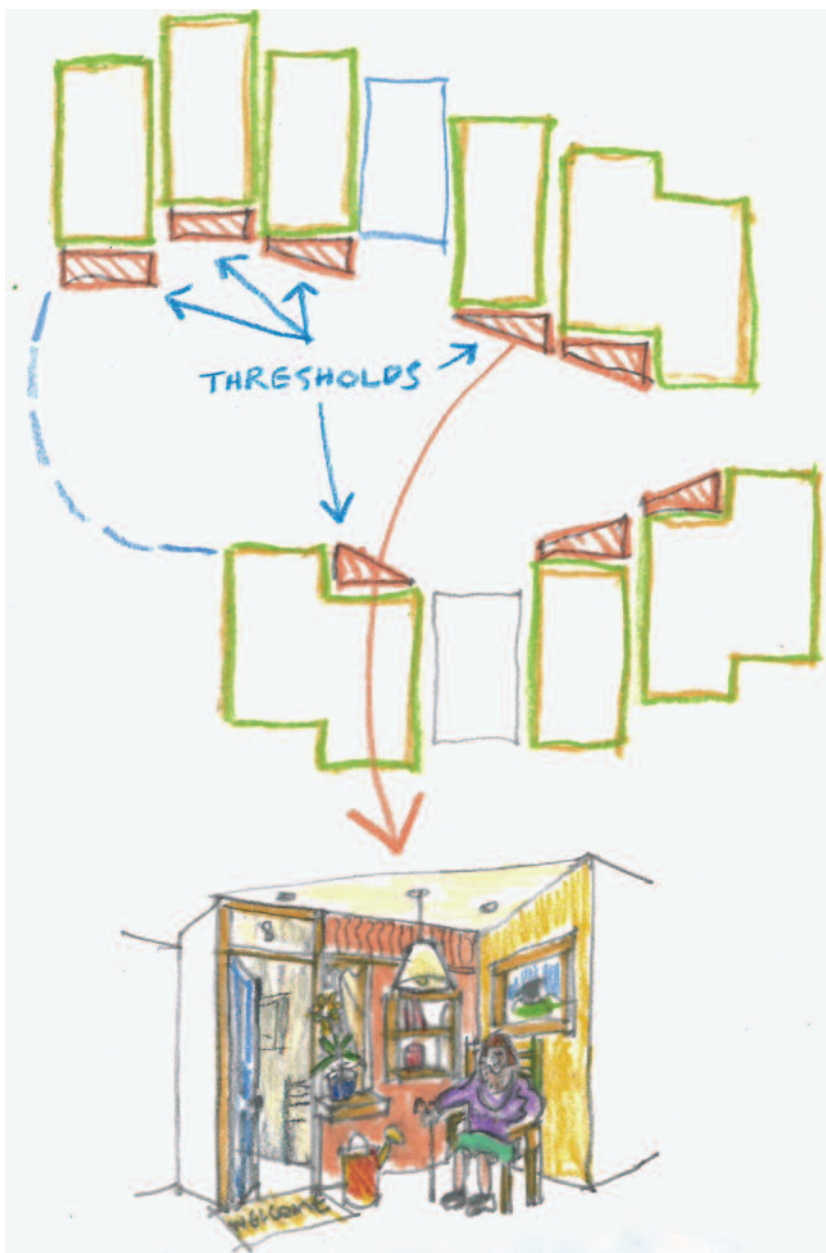
Designed for activity

Activity rooms are high with large windows directly overlooking adjacent accessible gardens, facilitating good natural lighting and fresh ventilation. At Toronto, the interior design emphasises a learning environment in the style of a fashionable university. At Soest, the atmosphere is more homespun with furniture and fittings gathered locally from charity shops and donations.

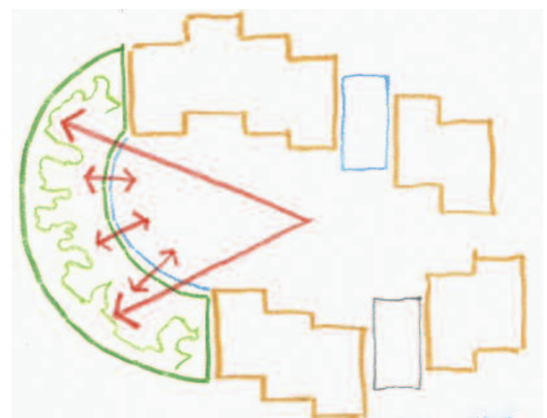
In both cases the interiors are busy, colourful and decorated with the work of members. These spaces very much reflect the personalities of the participants and are entirely non-institutional in character. Emphasis is always on doing, not on passive participation or simple observation of an activity. No one is coerced into an activity and there is freedom of choice, but everyone so delights in living in the moment together that there is a palpable atmosphere of joy, often expressed by ribald banter. Time passes rapidly.



The Soest activity centre can have anything from 15 to 25 members at any one time, supported by a professional carer who is assisted by someone who has retired from a similar role. Meals and snacks are prepared and served in the main space by volunteers who are usually relatives or friends. Participants can attend just for the morning or afternoon or for the whole day. ➤



Each resident should be able to express their personal identity by means of a "threshold" area immediately outside the door to their bedroom. Like a porch to a house, it is a transition zone between public and private space that is a safe place from which residents safely observe, meet and greet



Inside and outside spaces are integrated to allow free access. A small accessible and secure garden should be in wide and full view from the interior, enabling way-finding and passive surveillance by staff

➤ Early morning opening and late afternoon closing every weekday at both centres – at Soest the centre is open on Saturday mornings too – means that family carers are able to have a normal working day and enjoy respite. Research evidence indicates that the wellness of family carers improves too and that they feel far less lonely in their communities than they would otherwise. In fact, there is evidence that Meeting Dems improve the quality of life of all participants and mitigate symptoms of dementia progression (Droes & Ganzewinkel 2005).

At the Toronto Academy daily fees are approximately £50 inclusive of lunch. For approximately £250-£300 per week a family member living with a dementia is able to remain living at home while visiting the centre each day. Since full-time residential care admission can be delayed beyond a year, the economic advantages are manifest.

Sustainable examples of immersive all-day activity-based models of support do not exist in the UK. Instead activities occur intermittently as one-off events. These have to be specially planned for by support staff, specialist activity providers employed, rooms prepared and participants organised and encouraged to attend. This requires a high degree of energy and associated stress for all concerned.

In residential care, while such activity occasions may be looked forward to, the practical organisational difficulties too frequently impede sustainable change in typical daily routines of sedentary passive "care". Invariably the default scenario is "day room" space laid out in a decorous living/dining room style with chairs and tables unsuitable for anything other than eating at or dependent participation in activities that are essentially entertainment.

When large care communities are modified into small groups of residents living together to create "households", access to a range of shared meaningful activities remains limited. Activity spaces are often segregated into dedicated rooms off disorientating institutional corridors. Even short circulation systems of this type are impossible to navigate for someone living with a dementia.

Support staff may even become demoralised by daily chaperoning of residents between bedrooms and day rooms.

It is as hard work as the hospitality industry but with the added professional responsibility of care. The familiar array of bistro, beauty salon, cinema, gym, bar and shop may be empty for most of the day because it is impossible for someone living with a dementia to use them independently if they are not clearly visible from their bedroom or the depths of a comfy day room chair.

The problem is compounded when new care homes and associated extra care buildings are based on the "hotel/shopping mall" model. Designed to impress family carers, vast reception spaces and passive sitting areas lead to opulent "activity rooms" off expensively wide corridors. Size is everything, but the travel distances required of residents and staff are consequently much greater. As a resident it is like trying to find your "real self" in an airport departure lounge; it is

Left: The main activity area must provide space for a social group of 10 to 12 residents with two staff and trained volunteers. Different activities must be clearly identified by means of lighting, colour, decoration, furniture and fittings

a model of care that represents a massive misdirection of resources.

How then to ensure that buildings supporting people living with a dementia are affordable, meaningful and effective? Page one of the Care Home Regulations published by the Department of Health (2016) stipulates that care homes must produce a statement of purpose substantiating their ability to "meet residents' requirements and expectations". The very first example relates to the needs of people living with a dementia and suggests "small group living and structured activities".

This could not be clearer, yet the CQC rating of outstanding is awarded to less than 1% of all care providers. It would appear that it is the layout of buildings that frustrates the best intentions of their staff, causing an enduring negative effect on carers and residents. The guiding principle must be direct lines of sight toward a range of activities offering residents constant opportunities for independent choice.

A simple but effective re-arrangement of the residential care building model into self-contained clusters would resolve this situation. I have illustrated this in the diagrams: in the "residential cluster" model (see diagram), bedrooms open directly on to the main activity area, although there is a private space immediately outside the door, and there are direct lines of sight across it. Inside and outside spaces are integrated.

By adopting this approach to space, achieving the CQC's rating of outstanding becomes more achievable. That is because residents become actively contributing members of their communities. They are enabled to:

- be active
- have choice
- see the purpose of each space
- know support is always on hand if they need it
- know that they are safe
- create their own home.

At the same time, care and support staff become "community builders". They are enabled to:

- spend their day facilitating social activity
- see where everyone is – at a glance
- easily ask another team member for help
- know what a resident wants to do because they can see where they are
- feel confident that are giving genuine person-centred care.

To these advantages for care and support can be added economic advantages too. Because there is no wasted space, there are substantial economics in building construction and running costs. There is really no need for lengthy wide corridors, vast reception spaces and isolated activity rooms – and small buildings cost less. All costs should be directed towards the creation of simple domestic spaces that constantly enable person-centred care. ■

**Architectonicus will be delivering a seminar on the approach outlined here at Naidex Dementia Care & Nursing Home EXPO 2018 (Birmingham NEC, 25/26 April).*

References

Droes RM, Ganzewinkel J (2005) *Draaiboek ontmoetingscentra voor mensen met dementie en hun verzorgers (Guide to Meeting Centers for people with dementia and their carers*). Amsterdam: Department of Psychiartry, VU University Medical Centre.*

Department of Health (2006) Care Homes for Older People: National Minimum Standards (third impression). London: DH.

* *Meeting Centres Support Programme UK: Overview, evidence and getting started* is a reworking of this guide. Published in 2017 by Association for Dementia Studies, University of Worcester. ISBN 978-0-903607-29-2 Authors Dawn Brooker; Shirley Evans; Simon Evans; Michael Watts; Rose-Marie Dröes.