Care and Social Services Inspectorate for Wales (CSSIW)

Evidence for Health, Social Care and Sport Committee: Use of anti-psychotic medication in care homes - Additional information requested by 6 November

Details and explanation in relation to home closures:

CSSIW has a clear enforcement pathway. Where care services provide poor care and fail to improve they are identified as “services of concern”. This means they are subject to formal enforcement action. This can include pursuing cancellation of the registration of the service; this occurs in about half of the services identified as services of concern. Other options pursued include restricting further admissions or cancellation of the manager’s registration.

The process of cancellation is complex and can result in a number of outcomes;

- the service closes completely,
- the service run by the existing provider closes but is then taken on by a new provider either as a brand new services of as a going concern or
- the service improves and avoids actual closure.

Sometimes a registered provider will decide to voluntarily cancel their registration once they have received notification of CSSIW’s intentions as a means of avoiding legal action.

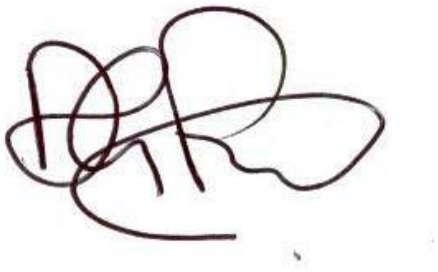
In respect of older people’s care homes and nursing homes, in just over four years CSSIW has pursued cancellation of the registration of 33 older people’s care homes in Wales. As a result the registration of 30 older people’s care homes were cancelled either directly by CSSIW or agreed through voluntary cancellation. 21 services were nursing homes, 10 were residential. These services were spread across Wales and included a number of large homes as well as some small to medium size homes.

20 of the homes completely closed, one partially closed (nursing floors). 9 of the homes were taken on by new owners as going concerns.

One service, Gibraltar House in Monmouthshire improved. CSSIW decided not to enforce the notice of cancellation. The committee may be interested to note that the concerns related to the care of people with dementia. Dementia Care Matters were brought in to provide consultancy and training which resulted in improvements in the care provided.

When considering and pursuing cancellation CSSIW must be able to demonstrate that regulations have been breached and provide evidence serious concerns which impact on the wellbeing of people living in the services or place them at significant risk. Failing to meet basic health care needs is a common theme in older people's care homes where CSSIW takes action including nutrition and hydration, pressure area and diabetes care. People with dementia are often found to be at greater risk because of the particular challenges in providing care and support.

In nine of the services above poor medication administration was one of the legal grounds on which cancellation was pursued.



David Francis

Assistant Chief Inspector

Examples of care homes which pride themselves on reducing use of antipsychotics.

Three Cliffs Care Home

Three Cliffs is a 50 bed nursing dementia care home on the Gower. On the day of a recent visit there were 48 people in the home, 27 people are funded as continuing health care, 14 funded nurse care the remainder privately funded. The home uses a dependency measurement tool which includes psychological / behavioural scales. A number have a history of mental health diagnoses for example schizophrenia. According to the manager the majority of people living at the home are assessed "top / end stage dementia". The home takes people which other homes cannot cope with. Nearly all residents need a lot of assistance to eat / drink and have mobility problems. Home prides itself on caring through to end of life.

At the time of the visit 5 of the 48 people in the home were prescribed with very low doses of antipsychotics.

The low use of antipsychotics is referenced in the last inspection report (attached).

In some ways the home is very ordinary which is what makes its achievements more remarkable. It is an old building not specially built or adapted for dementia care.

Why does this home work well:

- Excellent relationship with mental health in reach team who are very responsive and lead by a consultant who is said to really care and is very committed to reducing medication.

- Excellent relationship with GP; weekly half day in house surgery, good system for best use of GP time faxing list of residents and concerns beforehand. Also other health services; e.g. in-reach dentistry and "dementia" optician.
- Strong emphasis on building an in depth understanding of every person; their backgrounds, needs, why they behave and respond as they do. Senior carers know residents really well and spot and respond to changes early.
- Strong commitment to and investment in activities which are individually tailored. Sense of a busy home.
- A high commitment to improvement and ongoing learning stealing and trying others ideas, linking to and reading research (Stirling, Bradford, Bangor, David Sheard, Scandinavia) and taking part in projects e.g. West Wales Adverse Drug Reaction research. The home has no "model" of care as such, just a strong commitment to kindness and individualised care;

- Wide range of dementia training. Aim for level 3 in dementia for senior staff. Strong in house mentoring, very experienced managers.
- Tight grip on medication reviews; medication profile sheets highlight in red all high risk medications including antipsychotics and requiring staff to ensure they are reviewed three monthly;
- Differentiated areas to suit people with different needs. In particular the "Sea view" wing; low stimulation to reduce triggers, small numbers / high staff ratio.
- Staff ratios. Willingness to be flexible in relation to changing needs which can mean increased costs at times.

What challenges this home:

- LHB funding; protectionism between budgets community vs. hospital. LHB being unwilling to fund when levels of need increase.
- Reduced in-patient assessment facilities available to provide crisis hospital admissions puts undue pressure on the registered manager if she continues to provide a placement that may conflict with registration conditions (e.g meeting the person's needs & needs and safety of others)
- Staff turnover. Home is on the Gower but close to Swansea. As staff are trained they are poached by city based homes / NHS. Relentless effort to build and retain teams of experienced staff.

Case example:

Took a lady who could not be managed / supported elsewhere. Very high levels of confrontational behaviour. In addition to dementia she had learning disabilities and was diagnosed with schizophrenia. She spent time on Sea View, staff made careful observations, trying to understand what was causing behaviour. Concluded that the underlying issue was she had strong feelings of not being wanted, that she could never "belong" anywhere. Range of approaches tried including undertaking simple tasks about the home. In time she moved to live in communal area. She is now happier and her behaviour is settled and the use of psychoactive medication has been significantly reduced. She is able to go out to brother's house and attend church; these would have been considered impossible when she was first admitted to Three Cliffs.

Clydach Court

Clydach Court is a residential care home in Tonypandy registered to care for 36 people with dementia.

It is one of six Butterfly Care homes in Wales accredited with Dementia Care Matters, who have an inspirational programme for the care of people with dementia developed by David Sheard. Dependency levels are not as high as those in nursing homes although Clydach Court does take people who can have complex needs and who can be challenging to care for.

The manager reports that the home is successful in stopping / reducing the use of antipsychotic medication particularly when people come into the home from the community or hospital

Why does this home work well:

- Butterfly homes place emphasis on having a care home culture where people are respected and supported as individuals, where "people really matter", feelings are recognised and supported and the home's environment and routines are busy and adapted for individuals.
- Staff are given in depth training and the home has to work hard (often over a year) to meet the high standards which are set by Dementia Care Matters.
- Clydach Court provides responsive care and has a strong proactive relationship with the health board's consultant lead Dementia Intervention Team. When behavioural problems arise the intervention team will be asked to come in. They provide a support worker who will undertake a 12 week assessment during which they develop an individualised support plan, often based on distraction techniques. This approach is always pursued as a way to avoid the use of medication.
- Clydach Court has recently moved to allocation to a single GP practice. The GP undertakes fortnightly ward rounds and reviews each person. The manager says having consistent GP oversight is very beneficial. She says that reviewing and challenging the use of medication is uppermost in the GP's priorities.

What challenges this home:

- Not being able to care for people who are very frail towards the end of their lives and have to move into nursing care.

Case example:

A person who was admitted from home having been prescribed respiradone. When the manager questioned the reason no one could explain why. She was particularly concerned about the effect on the person's mobility. As a result of the manager's intervention the medication was withdrawn and the person has happily settled in the home.

<u>Rickeston Mill Nursing Home</u>

Rickeston Mill is a 28 bed nursing dementia home near Milford Haven caring for people with dementia. It takes people with high levels of dependency.

Why does this home work well:

- It is the commitment of the manager which really makes a difference in this home. She does not like to see people who are drowsy and will challenge the use of antipsychotics. She is also concerned about the use of lorazepam and diazepam. She says she has a good rapport with the GP and mental health team but they do not visit the home or undertake reviews unless she prompts them. The success in reducing antipsychotics and other medication is a result of her willingness to challenge.
- The staff are well trained and well lead (emphasis on the Butterfly approach).
- The home focusses on understanding individuals, finding ways round behaviours and promoting activities.

What challenges this home:

- Disputes over whether people are funded for residential or nursing care.
- Unrealistic funding levels for people requiring very high levels of care e.g. 1:1 support.

Case example:

We reference this home because of our experience of dealing with a complaint about quality of care in another dementia nursing home. A lady transferred between the homes because she had been seen as very difficult to manage. She had dementia and other underlying psychiatric problems. She could be challenging very resistive to personal care and being supported to eat and drink. As a result they were prescribed high doses of Epilim, an anticonvulsant with the effect she lost a lot of weight, was drowsy and lost mobility.

The staff at Rickeston pursued medication reviews and asked for the Epilim to be reduced and withdrawn; which it was. The person became alert, responsive and mobile. They also gained weight.

There are two others recent cases where the manager has challenged the use of medication, including antipsychotics and the medication has been withdrawn or substantially reduced.

The home has recently adopted a medication review prompt sheet for all residents.

Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate for Wales

Evidence for Health, Social Care and Sport Committee: Use of anti-psychotic medication in care homes: Additional information in respect of care homes which are committed to reducing the use of antipsychotic medication

Please find attached examples of three homes which are examples of good practice. One of the homes is an accredited “Butterfly” home; additional information about the success of Butterfly homes is included.

What is evident in these examples it that care homes are dependent on the support they receive from primary care and psychiatric in-reach teams.

We have also been advised of the work being undertaken by the Four Seasons group in addressing over medication of older people in care homes. This includes the introduction of a medication “App” which care workers complete on a monthly basis for each resident. The App identifies medications / dosages which create risk (including antipsychotics) and auto-generates a letter to the GP requiring a medication review if the medication profile suggests there is a concern.

Four Seasons have also developed a comprehensive “experiential” training package for all care home staff which they believe has been successful in enabling staff to support people with dementia and reduce the use of medication.

Additional information and CSSIW’s role and plans going forward:

Following CSSIW’s appearance at the Committee we have reviewed our inspection frameworks in light of the feedback from the committee. We will be updating these in response to the 2016 Act and will use the opportunity to make specific reference to the timeliness of medication reviews and the use of antipsychotics as areas inspectors must consider on inspection. We will however not be able to do this for all residents. To strengthen our inspections we will be exploring how we can obtain feedback from community pharmacists linked to homes who will be funded under the new enhanced contract to check medication reviews and the use of antipsychotics in care homes.

As explained in our evidence to the committee CSSIW will be considering the use of antipsychotic medication when we undertake a thematic national review into the quality of care in residential care of people for people in 2019/20. We will be asking for pharmacist input into the design and evaluation of this thematic inspection.

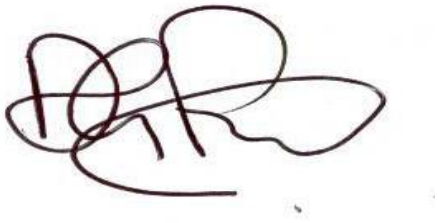
From 2019 CSSIW plans to ask care homes to report on the frequency of medication reviews and the use of antipsychotic medication in the annual on-line self assessments which are completed by care homes. This will enable inspectors to be sighted on those where usage is particularly high.

Following our recent discussions with pharmacist advisors and care home staff we note that antipsychotics are just one of a range of psychoactive drugs used to manage behaviour for people with dementia. A number of these also have adverse side effects. We also recognise that the use of the antipsychotics can have benefits. It is not the use of them per se that is the issue; it is the dosage.

The Committee raised the question of pharmacy inspectors being employed by CSSIW. CQC and Care Inspectorate Scotland have advised us that they employ pharmacists. This is primarily in an advisory role and although in CQC pharmacists are used on a small proportion of inspections where there are significant concerns about medication practice. CSSIW made the decision not to employ pharmacists in 2012 following a cost benefit exercise. CSSIW concluded that it could not justify employment of pharmacy inspectors given that £2.7m savings had to be made over 2/3 years. A further reduction in CSSIW's operating budget is envisaged over the next two financial years.

Although CSSIW does not employ pharmacists our inspectors are trained in to inspect medication practice in relation to the requirements of the regulations. In the past 12 months CSSIW issued 54 Notices of Non Compliance in relation medication practice in older people care homes. These notices are not issued for minor problems but when there is a serious risk to the health and well being of residents.

Yours sincerely



David Francis

Assistant Chief Inspector

Enc: attached profiles.

Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Three Cliffs Care Home

Cefn Bryn Lane
Penmaen
Gower
SA3 2HQ

Date of Publication

Tuesday, 25 April 2017

Description of the service

Three Cliffs Care Home is registered to provide nursing and personal care for up to fifty one older adults with dementia, requiring nursing or personal care. Variations to the registration have been approved from time to time for individual persons who are younger.
The home is located on the cliffs above Three Cliffs Bay with panoramic views out to sea. The registered provider of the service is Heart of Wales Care Limited. The home's joint registered managers are Tom Watson and Marion Reading.

Summary of our findings

1. Overall assessment

People living at the care home receive a high standard of care from nurses and care assistants. They are treated with dignity and respect, which extends to the many visitors who are greeted and spoken to as friends. The care assistants have many skills in observations and gentle interventions, through their knowledge of each person's background and needs, which was a positive feature at this inspection.

2. Improvements

- The provider has invested in a high quality computer system for care records, accessible for nurses and care staff to enter detailed care for the people living in the home.
- The appointments of a well-being development manager and a well-being coordinator have focused staff awareness on furthering well-being development for each person.

3. Requirements and recommendations

Section five of this report sets out our requirements and recommendations to improve the service

1. Well-being

Summary

People relate well and also have good relationships with the nurses and care assistants who care for them. We saw people being treated in a kind and caring way throughout our visit. Staff took time to speak with each person and reassure them by being polite, respectful and friendly. This enabled people to feel safe and protected, if disturbed or confused. Staff are present at all times in the four day rooms around the home.

Our findings

Care staff approach people with a quiet manner, knowing that those with mental frailty may feel anxious and be confused. We observed that staff gave each person sufficient relaxed time while being assisted with eating and drinking. When a person was unsure while walking around, we noted the person was given help with unhurried kindness. Visiting family members told us they were very satisfied and variously said, for example, *'such good care'…'play nice music'….'right place for…'.* We heard so many compliments and were impressed with the really friendly interactions with staff, including some banter and laughter. We also saw people were being listened to as they expressed their thoughts, thereby being treated with dignity and respect. The home is well-staffed and staff know how to provide appropriate and compassionate care, so that people experience positive relationships.

People are provided with a good nutritional diet and supported to maintain a healthy lifestyle as appropriate. We discussed the average day with the duty nurse and others, finding that some people started getting up after the day staff arrived at 7am, although a few would have woken earlier and some remained in bed until later. Breakfast was served mainly in the four day rooms, but a few received breakfast in bed or at the bedside. Later, a fruit platter was taken around and we saw people eating small pieces of fresh fruit. Lunch would be served about 1pm, the main meal of the day, freshly prepared by the experienced catering team led by the chef. People had drinks available. Afternoon tea with homemade cakes and biscuits was followed by high tea at 5pm, which on the day was sandwiches, a popular regular option. That would be followed by milky hot chocolate and various options for snacks at 7pm. Some people were reportedly still up until 10pm, if content. We were informed that the diet included plenty of honey, butter, milk and cream and we saw evidence of that emphasis on good nutrition. We heard about and saw regular weight records, which would be done according to the nurse's assessment. Food supplements were given as needed. Many people needed total help with feeding; we saw that done quietly and with dignity. Each person is provided with an effective nutritional assessment and provision of wholesome food and regular meals to keep them as healthy as possible.

Contact with relatives and the community is encouraged. People had a daily transport service, with two drivers who were also available to collect infirm relatives from their homes three days a week and bring them in to visit and then return them home; an invaluable and thoughtful service. We were told how the drivers also collected prescriptions, or took people to appointments and also were available for trips to the village café and heritage centre, for example. At the care home, people had use of the large front and rear gardens with fine views in good weather. The managers and the team of nurses and care assistants are dedicated to providing a responsive service to each person and to their relatives.

2. Care and Support

Summary
People are provided with appropriate care and support by staff who have the skills and knowledge to carry out their roles and responsibilities; they do this with kindness and respect for the people in their care. Staff receive effective supervision and support and undertake the training and qualifications necessary to fulfil their duties.

Our findings
People are supported and cared for by trained staff in sufficient numbers working in the four units. Staffing levels on the daily rota were one nurse and thirteen care assistants. At night, there was one nurse and six care assistants. The clinical lead nurse told us that she was generally supernumerary to the staffing levels and supervised the nursing care. We spent much of our inspection going around the four units to observe the changes during the course of the day. We found that the care staff were excellent at all times in the supervision of vulnerable older people and in their interactions with individuals, with occasional wider exchanges of conversation. Their vigilance was a highlight of the inspection. However, we would like to have seen more creative action to stimulate individuals or groups of people at times. People's lives and well-being are enhanced as they are provided with safe, active and responsive care by a well-motivated care team.

People receive appropriate and good nursing and personal care. We were told about the care routines that assisted in good care provision. We examined the excellent computerised daily personal and nursing care records and noted these were in good detail in the sample viewed. We considered that the level of nursing and personal care skills were of a good standard. Staffing levels were good for the current needs of everyone on the day of inspection. People were protected by deprivation of liberty safeguards. People are cared for by a female and male team of nurses and care staff who maintain a very good service to ensure people are safe, comfortable and properly supported in their daily life.

People are protected by a safe medicine administration and storage system, with only nurses giving out medicines. We looked at the medicine arrangements and charts and found an organised system with good records completed. Drugs were correctly stored and recorded on the day of inspection. The nurse said that few anti-psychotic drugs were needed and other medicines, such as benzodiazepines were only provided for the well-being of individuals. We noted the lower prescribed use of these medicines on the charts. Medicines were given out at breakfast so the nurse could assess each person and how they were managing food. A pain assessment was also done as people could not always verbally express any pain, so the nurse said he would give paracetamol to people who could be in pain by observing their demeanour. People are safely provided with medicines by the home's registered nurses.

People receive GP, consultant psychiatrist, dental and other NHS services, including specialist nurses. We discussed dementia care services with the duty nurse; he suggested that more reminiscence therapy and exploration of suitable projects and fiddle boards would be useful. People are able to access suitable and generally responsive NHS medical and nursing specialist services, but would benefit from further dementia care activities.

3. Environment

Summary

People are supported in comfortable surroundings, as the provider has invested in improving the environment to enhance the well-being of the people living at the home. However, one or two of the many hoists should be stored with more consideration, so as to maintain safety and personal space in the corridors and bedrooms.

Our findings

The care home has sufficient space and facilities to meet the needs of the people. We saw that good standards were being maintained in general maintenance and refurbishment, although paintwork had been damaged in the narrow corridors. Individual bedrooms were variously personalised, furnished and decorated. Profiling beds were provided, being adjustable for height and positioning for comfort. Toilets, showers and bathrooms were mostly of a good standard of space and facilities, including extras, for example, a male urinal, shower trolleys and a range of hoists. In the dayrooms, we saw that people were able to move around the rooms and corridors, although most seemed content to remain in the chair they occupied. Meals were taken at individual chairs or small adjustable tables, depending on mobility and assessment. We were told that the garden had been used by some people in the summer and that it was planned to do further safety work to make it more accessible. People spend each day in a pleasant, comfortable environment.

People benefit from efficient housekeeping services provided by the laundry and domestic staff. We were pleased with the standard of knowledge and care of the experienced laundry person. She had good knowledge of infection control procedures and laundering, so that people's clothes were being well processed. She was also the home's valued hairdresser. We were impressed with the excellent labelling machine that printed and securely fixed name tags to clothing. We met two domestic cleaners who were efficiently cleaning the large home, which looked clean and did not have any odours. People are provided with a good laundry and domestic cleaning service.

The home has an on-site maintenance workshop service. The maintenance of the home was generally efficient, but we found a tool cupboard unlocked by a stairway. We also noted that some bedroom door hinges needed attention. We found a number of instruction notices for staff that should be removed from public areas. One room had some plaster damage to the wall and the manager could not explain why it was in that condition. In one bedroom, we noticed a hoist inappropriately stored that we were told was for general use. In addition, we detected a serious safety issue when we found a mobile hoist blocking a fire exit. We informed the manager that this was dangerous and that she must organise safety checks to ensure that all escape routes were kept clear at all times. The home has a problem with the storage of hoists.

People can make use of alternative facilities with a room set out like a pub, with bottled beer. We were told that Friday night was fish and chip evening during the warmer weather. The pub was situated in a nicely converted outside room by the car park with an adjoining staff training room. Overall, the home provides people with a warm and safe environment that promotes a sense of well-being for many people.

4. Leadership and Management

Summary

The home is effectively managed and run for the benefit of the people living at the care home. The managers are committed to improving the care provision and facilities. They also are committed to the professional development of the nurses and care assistants.

Our findings

People are provided with a very good level of nursing and personal care because the team is competently led by the clinical lead nurse. We found staff had a sound understanding of the aims and objectives of the service for the people who had made their home at Three Cliffs. Nurses and senior carers, on rota, supervised the many other staff employed, ensuring that each person was given appropriate nursing and personal care and other services. The management of staff is organised and efficient.

People receive care and support from staff who undergo regular training and supervision. We saw that recruitment checks were being carried out to assess whether applicants were suitable to work at the home. However, there was a vacancy for a registered nurse, requiring employing a regular agency nurse. We saw that the clinical lead nurse and the duty nurse were involved in direct care or supervision throughout the day. Staff had received regular individual supervision meetings. This indicates that people benefit from a service where staff are well-led, supported and trained.

People and their relatives are consulted about the care provision. We read some of the comments from a recent survey suggesting some small improvements, such as more proactive care at times. We viewed the online annual quality review and development plan, written to a high standard of detail and completion by the senior manager. We were assured that the responsible individual's quarterly report had been completed, but we did not view it. We asked the manager about any incidents or accidents and discussed one incident. One relative told us that they were kept informed of any changes or incidents. People and their relatives enjoy good relationships with the staff team.

Staff work really well as a team; they are valued and given support and direction in their duties. We observed how staff were confident and relaxed in their work. A training company had been employed, with a tutor who provided support for staff whose first language was not English. Local staff and overseas staff worked cohesively and respectfully together and we were heartened to see the enormous positive contribution everyone made to the lives of the people living at the home. Staff were assisted in travel to the home. Drivers collected and returned staff to and from Swansea every day. We were informed that staff were progressively trained in care qualifications to levels 2, 3,and 5. Three nurses were doing the higher qualification. In-house training had included the core topics of health & safety, moving & handling, food hygiene and first aid, with extra topics of dementia care and mental capacity provided by a MIND trainer. We met the well-being development manager who described his role as '*looking at things and if not quite right, making changes'.* He showed us the excellent *'About Me'* booklets which contained useful information about each person; information sharing was a key feature. Dementia care maybe unpredictable but the ethos of care here was to kindly and gently anticipate and interpret signs before a problem arose. The service provides leadership by ensuring everyone understands these important principles and achieves a good degree of success in caring for people with dementia.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

No areas were formally identified as non-compliant at the previous inspection.

5.2 Areas of non-compliance identified at this inspection

Regulation 24 (4) (b). Adequate means of escape. We advised the registered manager that the risks to people's health and safety had been compromised by failure to ensure that fire exits were kept free from obstruction. A notice has not been issued on this occasion as there was no immediate or significant effect for people using the service, and the obstruction was quickly removed. A daily safety check should be undertaken to remove any hazards.

5.3 Recommendations for improvement

We recommend the following:

- Immediately identify and ensure safe storage of mobile hoists around the home.
- Ensure tool cupboards are kept locked shut when unused.
- Continue to seek a registered nurse/s to join the team.
- Provide more spontaneous creative action to stimulate individuals or groups of people.
- Arrange reminiscence therapy and exploration of suitable projects, such as dementia aids and equipment like fiddle boards or similar appropriate items.
- Remove staff instruction notices from inappropriate public areas.

6. How we undertook this inspection

- This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 14 March 2017 from 10.30am to 6.15pm. The following method was used:
- We met the clinical lead nurse and registered manager and toured the home.
- We spent a considerable part of the day circulating around the home to make many observations of the care provision and to meet people in the four lounges.
- We met and had short chats with several people living at the home.
- We met with and had many conversations, some in private, at various times with the twenty care and housekeeping staff on duty.
- We met and had short or longer conversations with the eleven visitors.
- We had in depth discussions with the manager, these included the home's management and looking at a range of care and management records.
- We discussed the role of the clinical lead nurse and her management of nursing.
- We spent time talking about nursing care with the registered nurse on duty
- We viewed computerised care records to consider the content of the written records.
- We selected two staff files to check on recruitment, training and supervision.We had a discussion with the well-being development manager and the coordinator.We read the quality of care review and requested the responsible visit report.

About the service

Type of care provided	**Adult Care Home - Older**
Registered Person	**Heart of Wales Care Limited**
Registered Manager(s)	**Marion Reading** **Thomas Watson**
Registered maximum number of places	**53**
Date of previous CSSIW inspection	**06/07/2015 & 27/07/2015**
Dates of this Inspection visit(s)	**14/03/2017**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	**No**
Additional Information:	

21 YEARS dementia care matters®

Feelings Matter Most

Consultancy • Training • Service Development • Research

Butterfly Homes

Qualitative and Quantitative Evidence

Awards for Butterfly Care Homes

DCM is proud that Butterfly Care Homes in the UK at the end of 2016 won :

Best Dementia Care Home
Best Care Home
Best Dementia Team
Best Care Home Manager
Best Dementia Garden
Best Resident / Relative Contribution
Best Dementia Care Interior Design
Best Inspiring Dementia Care Leader

David Sheard (Dr)
CEO / Founder, Dementia Care Matters.
Director, The Butterfly Community
Visiting Senior Fellow, University of Surrey, UK

Winner 2017 with TSAACP in Singapore for Asia Pacific Eldercare Award - Best Dementia Care Philosophy

Winner in 2017 for Asia Pacific Eldercare Award – Best Dementia Programme

Shortlisted for UK NHS Patient Safety Award 2017

10 Butterfly Homes awarded 'Outstanding' by Care Quality Commission

UK Care Personality of the Year - 16th National Care Awards

TV Series Consultant - Dementiaville : Channel 4

BUTTERFLY HOMES – SUMMARY OF EVIDENCE

• **Occupancy**	**Care Home Sector Norm 85% – 92%** **Butterfly Homes 98% - 100%**
• **Waiting Lists**	**10 to 50 people per Butterfly Home**
• **Staff Turnover**	**Care Home Norm 40% - 70% per year** **Butterfly Homes less than 20% per year**
• **Boredom Levels**	**Care Home Sector Norm 70%** **Butterfly Homes average less than 20%**
• **Falls**	**Butterfly Homes reduced incidence 43%**
• **'Behaviours'**	**Butterfly Homes reduced incidence 58%**
• **Positive Care**	**Increased evidence by 40% - 70%**
• **Weight Gain**	**Increased evidence by 40%**
• **Anti-psychotic Use**	**Care Home Sector Norm 40% - 80%** **Butterfly Homes less than 10% usage**
• **Sedatives**	**Reduced usage from 77 occasions per month to zero % usage**
• **Life Expectancy**	**Increased in Butterfly Homes x three**
• **Sustainability**	**90% of Butterfly Homes maintaining Level of care over 4 years**

Butterfly Homes – Quantitative and Qualitative Evidence

There have been over 100 Butterfly Care Home Projects in the UK and in 90% of these Dementia Care Matters has raised the care home up a minimum of 2 levels on its Qualitative Observational Audit tool within 1 year and in the majority of cases, up more than 2 levels.

Sustainability i.e. maintaining a Level 1 or Level 2 Butterfly Quality of Life Kitemark Award is being proven in over 90% of the homes that began as Butterfly Care Home Demonstration Projects.

Four examples of Butterfly Care Homes evidence:

Landermeads Nursing Home, Nottingham

A large nursing home in Nottinghamshire with 86 people went from a **Level 6/7 to a Level 1** in one year after a Butterfly Project.

In **2013**, people were spending **73%** of the day in what Dementia Care Matters describes as 'neutral care' – sitting doing very little, tasks being done for them and with little or no meaningful interaction. **15%** of the day people living there were experiencing negative controlling care – being talked about, things being done without choice or consultation, staff focused on tasks not people. Only **11%** of the day were people experiencing either positive personal care or positive social interactions.

In **2016**, neutral care had reduced to **7%** and there was **NO controlling care** in evidence. Positive experiences had increased from **11% to 92% of which 54% of the time people were enjoying positive social** interactions.

Fairfield Nursing Home, County Cork

A privately owned nursing home for 48 people.

2013 - **29% positive** experiences to 2016 increased to **77% positive care and positive social of which 50% of the day in positive social experiences.**

2013 – **51%** of the day in **neutral care** reduced to **23% in 2016.**

In other words this represents a complete reversal in terms of quality of life indicators - half the day in 2013 people were experiencing boredom compared to two years later when over half the day people were experiencing high levels of social interaction and engagement and over three quarters of the day in general wellbeing (including positive personal care).

Wren Hall Nursing Home, Nottinghamshire

- 43% Reduced incidence of falls
- 58% Reduced incidence of displays of behaviours

Manor House Nursing Home, North Somerset

- Occasions of PRN medication – reduced from 77 occasions in May 2014 to 0 occasions in May 2016.
- Occasions of PRN pain relief – reduced from 213 occasions in 2014 to 0 occasion in 2016.
- Number of people with increased weight – increased from 6 people in 2014 to 23 people in 2016.

Butterfly Homes – Qualitative Evidence

Evidence below is taken from four Butterfly Care Homes who volunteered the qualitative comments below:

Lauren: Owner Manor Park Nursing Home, North Somerset

'The positives that are evident within our home at the present time are: people who live here are a lot happier they are more engaged in things that are happening throughout the day. We have seen a steady increase of people putting weight on through the last 12 months or remaining the same weight. A dramatic decrease in the use of neuroleptics, safeguarding issues and falls. The people who work at Manor Park have very positive things to say about the home - they love working here and at least 70% of them share the same vision as I do saying, it just does not feel like work it just feels like my second home with my second family. We hear this throughout the care team.

From a business aspect: for the first time in 7 years the home is making money, we don't have any empty beds and we even have a waiting list now.

Sean: Owner Fairfield Nursing Home, Drimoleague, County Cork

This culture change has been an incredible journey for all the staff and for myself personally. It has absorbed us both physically and emotionally. There were many times over the first year of the transition when we thought we would not make it. We had residents in many different stages of dementia with complex conditions and needs. How could we transform their lives? You can't half do emotional care, you can't half make people feel like they matter.

We had to accept the truth and accept the reality that what we were doing was not the best way and that there must be another way. We needed to change our attitudes, we needed to accept that even though our residents were well looked after physically and that their clinical needs were met, they spent most of their time bored. Our system and culture revolved around getting tasks completed. Our system rewarded task completion. For example mealtimes were a task to be completed, a schedule based around staff rather than residents. Now mealtimes are a social event enjoyable and relaxing.

We now understand and value what makes people feel alive, we now understand that people must feel like they matter, they must have a purpose. We understand that it is how we make people feel is what's crucial. It is what we must do every day.

Each and every person in Fairfield has responded incredibly to this challenge. They have given of themselves emotionally. Staff now share personal stories and this resonates with our residents. They have connected with our residents, there is no longer a 'them and us'- it's a family. Our culture, our ethos, our way of living a full life is about recognizing that 'feelings matter most'. People are in our nursing home to continue living.

Dr David Sheard and his team over 12 months of training has changed us all. They have shown us a better way. They have shown us that by our behaviour with our residents and that by concentrating on making people feel better, we can ensure that our residents continue to live full and meaningful lives. We have watched our residents come alive.

For me personally David Sheard changed my attitude to growing old and changed my belief system. He showed me another way. He made me face the truth, he enlightened me to change our culture within Fairfield. He showed me another way, a way based around people's feelings - moments in Fairfield now are guided by the realization that:
'It is not what you say;
It is not what you do;
It is how you make people feel''. This is what is important.

Parkside Care Home, Caerphilly ongoing DCM Butterfly Project - 7 months in

Feedback so far; I cannot believe how much money we are saving on plastic aprons that we always thought we needed to wear at mealtimes. Now these are only used when absolutely necessary.

We don't have anyone on food record charts anymore as people are eating so well. Deputy Manager.

One woman at a later point of dementia was never helped to the table to eat; she was always supported in a reclining chair by a carer to eat. The assumption was she couldn't do this herself. One day we decided we wanted her to sit at the table with us and we made every effort to make this happen. I couldn't believe my eyes when she picked up a spoon and started to use this herself. We always assumed she couldn't do it; it was amazing to see.

One of our men, was always so tearful and sad. He would sit most of the day with a magazine in front of him or a set of dominoes but not really doing much. We looked into his life and realised he used to be a gamekeeper. We have now filled his room with objects that remind him of his job. We have his old shot gun (it isn't loaded!!) and he will sit for hours in the lounge polishing this with a cloth and now he smiles; he never smiled before. It's like he has found a new lease of life here.

One of the men here was a painter and decorator. We never really thought about what he could do and he would spend most of his time just sitting and reading a paper. But recently he has just painted his room. We have been refurbishing furniture and he has been advising us and helped us to cover two seats on chairs and has painted them. He does often talk about his dad and going home to help the family, sometimes getting a bit tearful, but we tell him we also need his help here and he soon gets stuck in and feels needed.

Vida Healthcare, Harrogate

3 people including the manager attended **the Dementia Care Matters Culture Change Dementia Care 1 year course in York**.

At the end of this 12 months course the home achieved one of the first Outstanding CQC rated inspections. CQC reference DCM in their report under the heading 'Is the service effective' they were evaluating learning and development and this particular section received an 'Outstanding.'

Three staff had undertaken a course called 'Culture Change in Dementia.' This learning was being shared with all the staff to ensure their care practices were current and promoted a positive and innovative culture where the focus was on the person's wellbeing and not on tasks. The registered manager had completed a training course about Culture Change in Dementia Care and in their Dementia Care Matters training they had learnt about the 'language of dementia'.

Case Study Evidence below is taken from Manor Park Nursing Home, North Somerset:

Spring House - Early experience

John is in an early experience of dementia. He came to live at Manor Park after he was found in a state of neglect and depression whilst he was living alone at home, he wasn't looking after himself well. John was married twice but on both occasions his wives left John for someone else so he was alone. When John came to Manor Park initially he would urinate in places that were not the bathroom or toilet. John was a safeguarding concern as he would expose himself to some of the women in the home and on one occasion he attempted to cajole a woman into his bedroom. In the old style single shared lounge John would get frustrated by other people calling out; 'Shut up' he would shout, he wanted to watch TV in peace.

John now lives in 'Spring' a household for people in an early experience of dementia. He has a wonderful relationship with Nikki the house leader who will take him out regularly for trips in her car; John thrives on these outings. In Spring he has taken the role of 'Dad' and looks after everyone else living there as well as visitors, making and offering cups of tea. At mealtimes John serves himself his food and will often help other too. In Spring snacks of fruit and a large open mixed tin of biscuits are available over the day; Tea and homemade cake are shared together in the afternoon. In Spring John can help himself to food and drinks throughout the day. John is chatty and interested in people, he has a wicked sense of humour. John tells the team at Manor Park how happy he is. At the start of the project his weight was 79.1 kg now it is 87.1kg. He is no longer a safeguarding concern.

Spring House - Early stage

Robert is new to Manor Park, only coming in over the last three months. He came in after an admission from hospital having had a fall at the residential home he lived in. he didn't return to the residential home.

He wasn't able to walk, he didn't talk and wouldn't eat. He needed two people to help with his personal care. On admission to Manor Park he was assessed as being in a repetitive experience of dementia and was matched to live in Autumn.

After three months Robert is flourishing he now speaks to people; he is interested in them and asks how people are; he walks and can take himself to the toilet; he doesn't need two people to support him with personal care anymore he can now do this himself. Robert has now moved to Spring the early experience House and will be great company for John to talk to. Roberts's weight has increased by over 4kg in the 3 months he has lived here from 71.2 Kg to 75.6Kg. John has come alive.

Summer House - Different reality experience.

Barbara would walk throughout the day up and down the care home in and out of the main lounge. Barbara was a thin woman who would talk with herself and mutter under her breath in angry tones as if she was having a conversation with someone else; she would often call this person a pig. Her conversation would sound angry and she would become upset. Barbara would become more anxious and unhappy as the day went often becoming tearful and looking troubled. A large full length mirror hung outside the dining room and Barbara would stand in front of this talking to her image becoming increasingly angry. She would rarely socialise with anyone. Only a visit from her husband would help to alleviate some of her distress. Barbara would be given Lorazepam daily.

Barbara was always given finger foods at mealtimes as she would rarely sit and eat a meal in the large shared dining room, preferring to get up and walk out.

Barbara now lives in Summer House with a smaller group of people who are at a similar point of dementia as she is. Barbara is a different women, she still likes to walk on occasions but when she does it is not in a state of distress; she can easily walk outside into the courtyard near Spring and enjoy the fresh air; she is happy to be with people and can even be heard singing a song with Tanya the House Leader. There is no mirror to battle with, this has been removed.

At lunch time she sits and enjoys a full cooked meal with the other people she lives with. She doesn't need finger food anymore. Her husband will come and share a meal with her at least three times a week. On occasions if he visits and his wife becomes tired he will sit and share a cup of tea with Tanya whilst Pauline sleeps. He doesn't feel he must leave and has said to the team how comfortable and relaxed he feels when he visits. He also remarks that the relationship he has with his wife is much better. At the start of the project Pauline weighed 44.2Kg and her weight has increased to 51.8kg. Barbara's BMI has increased from 19 to 23. Barbara is not given Lorazepam anymore.

Summer House – Different reality experience

There were so many safeguarding issues with Winston before the project started. He would often lie on the floor and needed two people to help him to with personal care which was not always easy.

Since living in Summer House he doesn't lie on the floor anymore, he doesn't need two people to help him with care, he will happily let Tanya the House leader help him shave,
he trusts her and they have built a good relationship. Winston likes to sit in the aquarium corner seated area and will snooze in his chair. His weight has increased from 74.2kg to 82kg over 11 months. He is no longer given Lorazepam.

Autumn House - Repetitive experience

Joe lives at Manor Park with his wife Jill. Both live with a dementia but Joe's vascular dementia has progressed much faster than Jill's. A month before his admission Joe was driving them both around so the sudden change and progression for Joe happened rapidly. In Manor Park before the project Joe would rarely stay in one place for long, he would walk and search as he moved around the home. He was given lorazepam most days and sometimes twice a day.

His sleep cycle was erratic and he would often sleep in the day rather than night time. Joe never slept in bed he would always sleep in an arm chair.
Joe was always given finger foods at mealtimes as he would often walk, he did not want to sit in the large dining room with all the other people who lived there. Joe was given lorazepam most days.

Once Joe moved to Autumn House living with people at a similar point of dementia he changed. Joe is happy, he smiles and is busy and occupied throughout the day and now sleeps every night in his bed not an armchair. He drinks so well and has never had a urine infection. Jill likes to visit Joe in his house and sing to him.
Joe no longer takes lorazepam. At mealtimes he sits with the housekeeper Kath who helps him eat, she gently reminds him about his food and helps to keep him focused. Kath lets him have the ring off her finger to touch and hold as he eats; Joe loves this. There are snacks of fruit and a large mixed tin of biscuits available throughout the day that Joe can help himself too. In the afternoon everyone in Autumn shares pots of tea and home-made cake.

A year ago November 2014 Joe's weight was 45.1 kg, now he weighs in at healthy 59.6kg!! Joe is eating so well the team joke he may need to go on a diet!

Autumn House – Repetitive experience

Jeff was a farmer. He is a tall man at least 6 foot and has always looked thin. In the early days of the project (Sept 2014) Jeff's weight was 55.5Kg an approximate BMI of 17. The one word the team would use to describe Jeff at this point was 'unsettled'. He didn't seem happy or relaxed. Jeff was on Lorazepam regularly.

Jeff now lives in Autumn House. The hallways outside Autumn are covered in murals of rolling fields with sheep and tractors. The team know how to connect with him through his farming. There are bowls of fruit, open tins of mixed biscuits for Jeff to dip into as he wants. Afternoon tea with homemade cake is enjoyed and shared by everyone. The team in Autumn now describe Jeff as content and happy, he no longer takes lorazepam and his weight has increased to 73.2kg a BMI of approximately 22.5.

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Butterfly Project Culture Change Programme

Baseline Measures for Butterfly Project Homes - Dementia Care Matters will conduct Qualitative Observational Audits using the QUIS methodology at the beginning of each project and also at the end. The 2 audits will provide evidence of changes in terms of the lived experience of people living in each home.

As part of the audit other measurement tools will also be used; **'Environment Matters in Dementia Care Homes: The LOOK Checklist'** enabling comparisons to be made in changes in the environment based on thirty Indicators. Also, the '**Household Model of Care Inspiring Checklist'** measuring changes in 70 fundamental aspects of the model of care.

Other baseline measures to be collated and monitored throughout the duration of the culture change programme include:

- Reduction in pain
- Reduction in safeguarding alerts
- Reduction in re-admission to hospital
- Reduction of falls
- Reduction in accident forms completed
- Reduction in neuroleptic medication
- Increase in pain control
- Increase in weight gain
- Reduction in staff sickness
- Retention of staff
- Reduction in staff recruitment costs
- Lowering of hazards in Risk Assessments
- Reduction in incidents of 'Behaviours'
- Reduction in critical incidents

- Increase in quality of life
- Increase in well-being
- Success rate in matching
- Indicators re: Household Model
- Increase in staff well-being
- Improvements in Leadership
- Increased engagement by families
- Evidence of new relationships forming
- Time spent in meaningful occupation
- Increase in specialist skills

Gathering these statistics at the beginning of the project will provide the basis for robust evaluation.