

Butterfly
Household
Model of Care™



dementia
care
matters®



BC CARE PROVIDERS
ASSOCIATION



39th Annual Conference
May 29-31, 2016

Ensuring Excellence: Building a Stronger Continuing Care Sector

*“ Learning how to be a
Butterfly in Alberta -
The 3 Butterfly Household
Model of Care Projects ”*



David Sheard (Dr)
CEO/Founder Dementia Care Matters
Visiting Senior Fellow, University of Surrey UK

The Butterfly Household Model of Care



Top Twenty Ingredients of a home
for people living with a dementia

Ingredient ONE: Inspiring Passionate Leadership



Ingredient TWO

Recruiting
and
Appraising a
team based
on emotional
intelligence
not solely
qualifications



Ingredient THREE:

*Encouraging staff teams
to share themselves
as people first*



Ingredient FOUR:



Creating
small
househol
ds



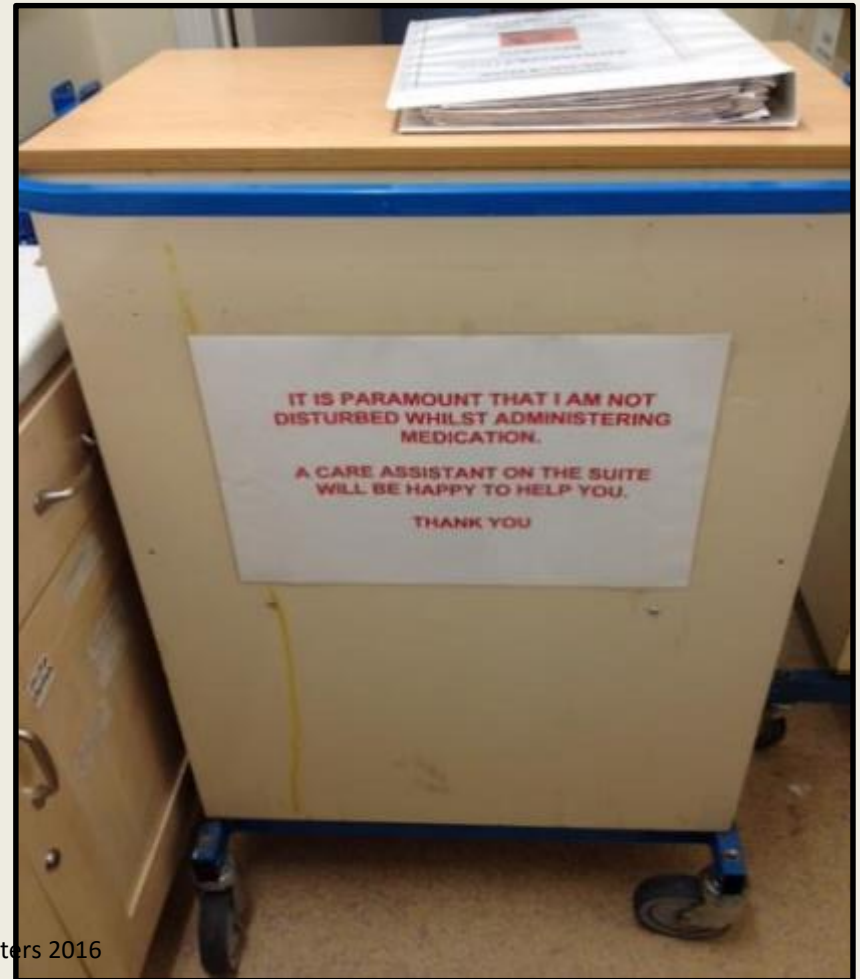
Ingredient FOUR:

Small household living



Ingredient FIVE:

Getting rid of controlling care in words, actions and the environment



Ingredient FIVE:

Example: Giving trolleys a face lift!



Ingredient FIVE:

and
Enabling
Freedom . . .



Ingredient SIX:

*Welcoming and involving families
and other visitors as partners*



Ingredient SEVEN

People working sitting down **MORE**

People living with a dementia sitting down **LESS**



Ingredient EIGHT

Achieving matched group living





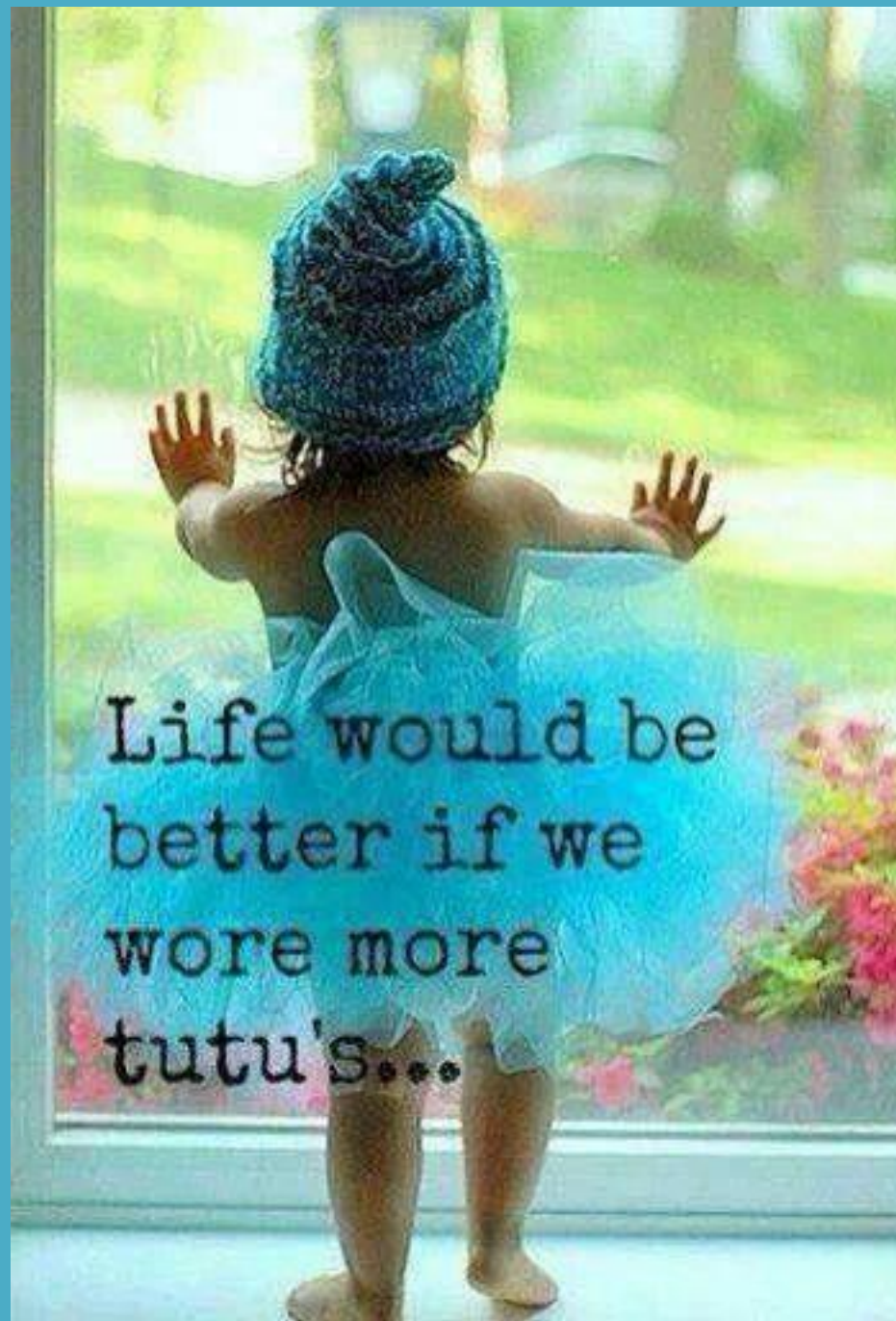


Ingredient NINE:



Knowing how to be a **Butterfly**





Ingredient TEN: More BEING with less DOING for



Ingredient ELEVEN: Valuing Life Story and...



Identity



Ingredient TWELVE:

Going with
the reality
of the
person
moment to
moment



Ingredient THIRTEEN

Creating an engaging environment



going from
this

Ingredient THIRTEEN: Creating an engaging environment to this...



Ingredient THIRTEEN.

Creating an engaging environment

Soothing

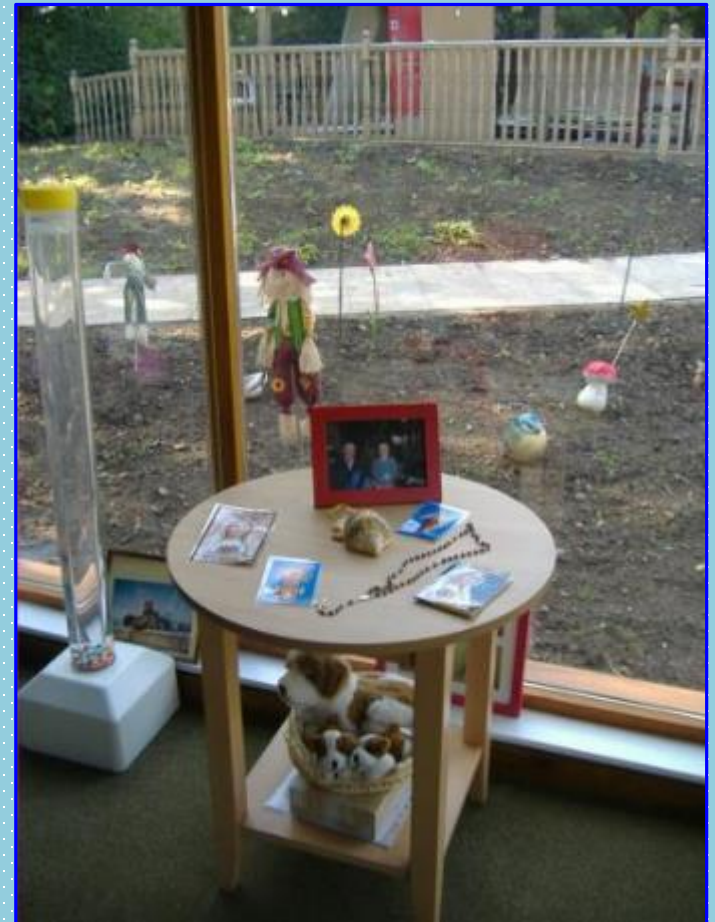
and

Stimulating



Ingredient THIRTEEN:

Creating an engaging environment
prompting memories



Ingredient THIRTEEN:

Creating an engaging environment Inside...



Ingredient THIRTEEN: And Outside...



Ingredient FOURTEEN:

Mealtimes matter – making them a social experience not a task



Ingredient FOURTEEN:

Mealtimes matter – making them a social experience not a task



Ingredient FIFTEEN:

Having a plan for the day... but *Going with the flow*



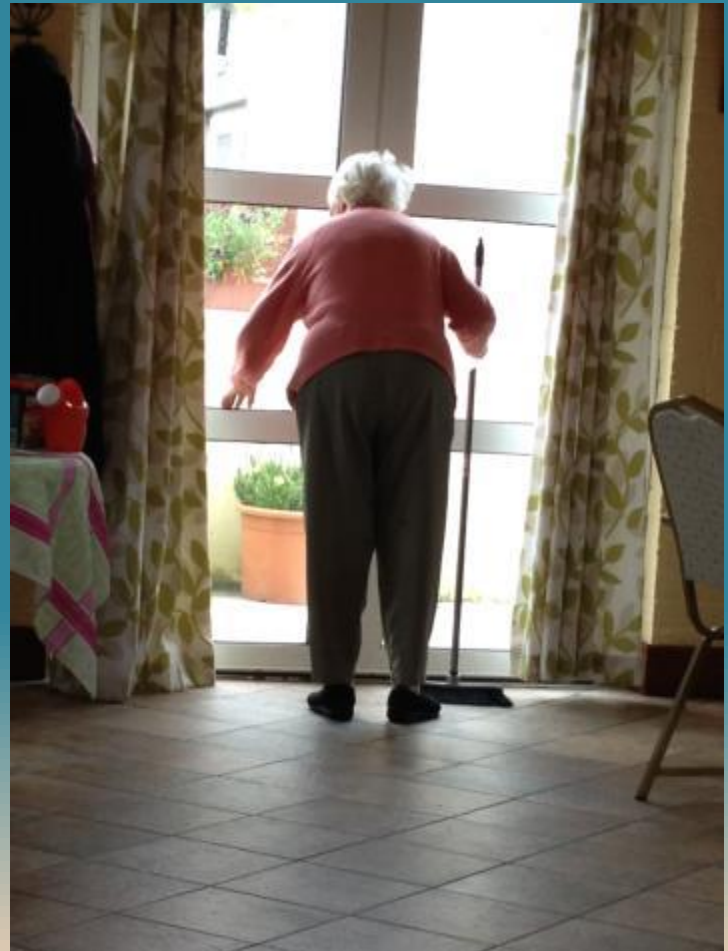
Ingredient SIXTEEN:

Tapping into all the senses



Ingredient SEVENTEEN:

Watching is an important activity too



Ingredient EIGHTEEN:

Supporting people still to feel needed and useful

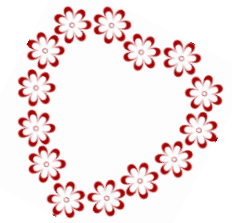


Ingredient NINETEEN: Spending quality time with people who are more impaired and less vocal



Ingredient TWENTY:

Putting *'BEING LOVING'* at the
centre of everything we do



The journey starts today!



WE NEED MORE BUTTERFLY HOMES

Will it be you?



For more information about Dementia Care Matters, please get in touch:

www.dementiacarematters.com

info@dementiacarematters.com

twitter.com/DCmatters

CROSSING THE BRIDGE

The experience of dementia – moving from one reality to another.

EARLY EXPERIENCE
The Skill – Working on the possibility to reorientate.

DIFFERENT REALITIES
The Skill – Accepting a persons different reality.



LATE EXPERIENCE
The Skill – Focusing on sensory needs

REPETITIVE EMOTIONS
The Skill – Seeing the expression of motion as emotion in people with dementia.



Tick one box per item listed below		Yes	No	Partly
Removal of Them & Us Barriers leading to Culture Change				
1.	Uniforms have been removed and staff look like 'best friends and not like nurses in charge.			
2.	All toilets are communal and there are no separate staff toilets.			
3.	Staff do sit to each meals with people with a dementia.			
4.	All use of trolleys has been stopped – medication is given out individually from locked cupboards in people's own rooms. Drinks and meals are served individually.			
5.	There is a relaxed 'go with the flow' feel to the day with no sense of the routines that occur in hospital.			
6.	Evidence can be seen of Managers modelling person centred care 'on the floor' daily.			
7.	Staff see management as feeling based leaders towards them and use words which describe this when talking about managers.			
8.	Labelling language in care plans has been removed i.e. words such as wanderer, challenging, aggressive, are banned and staff do not use this language nor 'talk about' people in communal areas in front of people.			



Tick one box per item listed below		Yes	No	Partly
Feelings Matter Most Approaches				
9.	On arrival people would see, hear and feel immediately it is a feeling based Home within 5 minutes of walking in.			
10.	Lots of feelings based communication by staff can be seen occurring.			
11.	Love, comfort and hugs can be seen to be visibly happening when needed.			
12.	Staff can be seen at times sitting and just 'being with' people who live there.			
13.	Staff demonstrate they know when people with dementia talk about Mum, Dad, kids, school, home and work, it is often not literal but about how people are feeling now.			
14.	Staff express positive comments about why they work there and the feelings working there creates for them.			
15.	Staff are able to express the care setting's one key belief, its one purpose about dementia care.			



Tick one box per item listed below		Yes	No	Partly
Evidence of Physical and Emotional Freedom				
16.	People are freely able to go outside into safe enclosed private areas without needing locks unlocked or having to be accompanied.			
17.	Families seem to be 'at home' rather than as visitors or guests and are visibly significantly involved in the daily life of the setting.			
18.	Families are visibly accepting people with a dementia's different realities and appear not to try to force their own reality when they visit. Clear evidence exists that families have been educated in the philosophy of the setting.			
19.	Staff are not obsessed with risk prevention and health and safety - they meet legal requirements but evidence during the day that their approach is in the context of promoting rights.			
20.	Staff clearly recognise the importance of people's emotional memory and their treasured emotional possessions and demonstrate this in their contact with people.			
21.	Regular use of the outdoors is ensured where outdoors and indoors merge together as one area to occupy people with for example a busy garden, an old car on blocks, washing lines, 'activity' based sheds etc.,			
22.	Limited use exists of anti-behaviour medication – neuroleptics – where this is only as a last resort to relieve acute distress.			



Tick one box per item listed below		Yes	No	Partly
Create meaningful ways to occupy.				
23.	People with a dementia are seen regularly doing domestic activities throughout the day.			
24.	Some people with a dementia are helped in their reality to 'do' a part of a work like job they did in the past.			
25.	Sensory calming and sensory stimulating items and a variety of their approaches are alternated at different periods of time during the day.			
26.	Attempts are made not to mix up people with a dementia at different 'points' of experience who are fearful of one another.			
27.	Knowledge exists of how to 'match' the right level of activity and occupation appropriate to where an individual is in relation to their point of experience of a dementia.			
28.	Dolls, prams, soft toys, comfort objects are all available and visible within the service.			
29.	Massage and other physical therapies occur during the week.			
30.	Use of sensory fabrics to touch and feel for example velvet, fur etc., are scattered about.			
31.	Masses of 30 second connections between staff and people who are in the care setting occur – staff look like they know how to be butterflies creating lots of positive moments.			
32.	Choices of individual music geared to individuals and natural sounds i.e. bird song are introduced.			



Tick one box per item listed below		Yes	No	Partly
Focusing on the Mealtime Experience.				
33.	Meal choice is shown at the time of the meal.			
34.	The mealtime experience is turned into a social occasion and not a task. Staff are clearly trained in how to keep mealtime conversations going using objects, items in their pockets, perspex boxes on tables which are full of things to talk about including photos.			
35.	24 hour visible food is out in public areas and corridors – changed hourly to meet Food Hygiene Regulations, with the aim of encouraging people to eat when they feel like it.			
36.	Use of smells from cooking and food discussion, food pictures are actively used to orientate people 45 minutes prior to a meal with the aim of encouraging an increase in appetite.			
Person Centred Care Planning				
37.	Care plans show they focus on people’s strengths and not lists of losses and dependency nor on problem based sheets.			
38.	Detailed life histories – books, memory boxes etc are being used daily by people working and living there.			
39.	Specialist skills in ‘later stage’ dementia care are evident.			



Tick one box per item listed below		Yes	No	Partly
Evidence of a Dementia Specific Environment				
40.	Positive attempts have been made to reduce the impact of a hotel like environment whilst retaining a quality environment – it looks more like a home than a hotel.			
41.	Real small-scale domestic living exists i.e. Maximum lounge sizes of 10-12 people.			
42.	Orientation aids i.e. colour and objects and appropriate signage throughout building exist to enable people to find their way through a range of cues.			
43.	Corridors exist which are divided into coloured sections or divided up with objects and/or seating to prevent institutionalisation.			
44.	Corridors are full of 'activity items – things to occupy' i.e. on tables and walls, activity boards, sensory areas – corridors seen as areas of stimulation.			
45.	Untidiness exists with clutter, rummage items all out in lounges, corridors etc., Lounges are full of rummage boxes, open chests of drawers and the rooms are full with all these items out and being passed around.			



Tick one box per item listed below		Yes	No	Partly
Evidence of a Dementia Specific Environment				
46.	Bedroom doors look easily identifiable – very individual with either colour, notice boards or memory boxes by door, whatever works for each person.			
47.	Pictorial signage on toilets exists.			
48.	Lounges have sofas.			
49.	Lounges have artwork and pictures that denote the function of the room as a cue i.e. not confusing pictures unrelated to room function.			
50.	Bathrooms are not clinical but warm, inviting places to want to relax in – reduction of reflective tiling and glare, been actioned, they appear warm and friendly.			



Inspiring

The Butterfly Household Model of Care®

The Butterfly Model's Checklist

(Revised Version 2.)

*“ In the Butterfly Approach
transforming cultures of care, creating households
and focusing on quality of life matters ”*



Dr David Sheard
CEO / Founder, Dementia Care Matters



Building With the Person In Mind: Making the Centre Feel Like Home

Copper Sky Lodge

About the Organization

CHOICES *in*
community
LIVING



Legacy Lodge



Copper Sky

Mission:

To provide excellent care
in comfortable, joyful
environments

CICL
Choices in
Community Living Inc.

- Operates WestPark Lodge (1996), Legacy Lodge (2010), and Copper Sky Lodge (2012) under a Master Services Agreement with Alberta Health Services to offer Designated Supportive Living
- All Lodges offer Dementia Care

About the Site



Copper Sky Lodge

**Spruce Grove,
Alberta**

- Is a Supportive Living Level 4 Site owned and operated by the Gaudet Family
- Overall has 130 spaces and employs 173 staff including casual staff
- Has two Dementia Cottages (12 Residents and 15 Residents)
- Staffing in Cottages: 7:00 am to 1:30 pm with a ratio of 1 staff to 5 Residents and otherwise, an approximate ratio of 1 staff to 7-8 Residents

Why Implement the Butterfly Household Model?

The Decision



Getting Started

- Understanding the existing lived experience of the Residents through the qualitative evaluation tool
- Appreciating the functional behaviour capacity of the Residents
- Determining the person-centered profiles of the staff
- Learning about the tools and methodology of the Butterfly Household Model

Getting Started *continued*

- Setting up the staff training sessions toward culture change and building skills
- Changing the look / the environment and creating homes
- Setting the baseline measures

Implementation Considerations

Pilot Learnings

- Barriers to culture change
- Canadian context
- Managing staffing costs
- Maintaining overall momentum and energy
- Arriving at meaningful occupation and engagement for Residents
- Family engagement
- Clinician engagement

Before

**Culture
Transformation**

The look and
environment of the
Residents' homes



Culture Transformation to Date

The look and environment of the Residents' homes



Before

**Culture
Transformation**

The look and
environment of the
Residents' homes



Culture Transformation to Date

The look and environment of the Residents' homes



Before

Culture Transformation

The look and environment of the Residents' homes



Culture Transformation to Date

The look and environment of the Residents' homes



Culture Transformation to Date

The look and
environment of the
Residents' homes



Culture Transformation to Date

- The look / environment of the Residents' homes
- No uniforms
- Names for homes
- Improved positive social interactions with staff and Residents
- Increased positive and engaged days for Residents – less boredom and lethargy and more quality of life

**Culture
Transformation
to Date**
continued

- More time spent in meaningful occupation
- Improved staff well-being
- Increased engagement by families

A Learning Journey

- A collaborative learning opportunity for the Butterfly Household Model pilot sites
- An opportunity to contribute to a system level change with government





VILLA MARIE, RED DEER













As a Family Member, how can I help meet the recreation needs of my Loved One?

1. Visit and talk with them.
2. Spend in or outdoors.
3. Sit with them in the garden area.
4. Read to them.
5. Bring magazines and other reading material to them if appropriate.
6. Provide yarn and encourage them if they are able to crochets.
7. Play cards/checkers with those who can.
8. Help them put a puzzle together.
9. Bring pictures and non-valuable mementos for their room.
10. Make a photo album of family pictures and reminisce using it (for activity staff have it in their drawer so we can utilize it on visits as well).
11. Make a scrapbook or photo album of magazine pictures of their past interests, food likes, etc. Use that for reminiscing also.
12. Make videos/cassettes, especially of family events or from out-of-town family. Recreation staff can take a VCR/DVD player to their room for viewing/listening.
13. Encourage them to attend and participate in facility group activities. A large wall calendar of activities is located in the main foyer and each area. Family members may also join/assist their loved one at any time.
14. Write letters/cards for them. Provide stationary & stamps if they are able to write themselves.
15. Read the newspaper to them and discuss headlines, Dear Abby, etc.
16. Bring flowers and plants if they like them.
17. Decorate the room for holidays.
18. Host a family party/event at the facility so your loved one can join in. The Family Dining Room, Multi-Purpose Room and Main Foyer are available for your use with advance notice.





High Tea at Villa Marie







“My Butterfly Home”™ at Lifestyle Options Retirement Communities



Presented by:

**Renate K. Sainsbury
Jennifer Mabugat- Chan**



About

- ☞ Lifestyle Options Retirement Community is a Private, Non for profit company providing care and services for Home Care and Supportive Living. Certain suites are reserved for specialized supportive living programs in partnership with Alberta Health Services. Whitemud is a true SL4 Site with an RN as the Site Director
- ☞ 160 Retirement Suites with own , private spacious bathroom
- ☞ Offers Studio, 1-2 Bedroom Suites, Bariatric suites
- ☞ Offers 24-hour on call
- ☞ 2 Household/Cottages for people living with Dementia. On each household, 20 and 24 rooms respectively (www.lifestyleoptions.ca)

On Getting Started of “My Butterfly Home”™ The Decision & Embarking

- ❧ How did it start?
- ❧ Pre-commencement : Prior to David Sheard and Sr. Consultant Peter’s arrival, we met with all the staff. We shared our journey with them and **why** the change has to be done.
- ❧ On the Butterfly Home commencement, we organized a family meeting
- ❧ Supporting changes on a strategic level such as changing to no uniforms, changing our job description, allowing changes in the environment, allowing them to eat with residents
- ❧ Creating the Being-the-Star Team & H.A.T Team

Implementation and Tools used

Implementation:

- ☞ The decision on names for the homes. From “Units” to “household”
- ☞ Setting up staff training sessions toward culture change and building skills
- ☞ Managing staffing and environment costs
- ☞ Working on family engagement and updating them
- ☞ Interdisciplinary Team Engagement

Implementation and Tools used

Dementia Care Matters® tools used:

- ∞ Understanding the Lived experience of a person living with Dementia by using the **Care Observation Tool**
- ∞ Appreciating the strengths and level of cognition of our residents by using **Functional Behavior Profile Tool**
- ∞ Self awareness of being person centered through the use of **Person Centered Staff Appraisal Tool**

Continuation



- ❧ Meal time experience Form. We also used this tool as an audit checklist to find out where we can improve the mealtime experience of our residents
- ❧ Signals Tool – This tool is to find out how far the organization has progress. This is done quarterly. We've completed 12 out of 18 and 6 are in progress.

A Success Story



☞ There was a 76 -year old female resident. Let's call her Penny (name made up to remain Anonymous). This resident used to be labeled in her care plan as “wanderer” “agitated” and a “pacer”. Penny was a former secretary who worked in a busy office. She was organized and liked to be sure that everything was perfect. She loves to cook, paint and do cross-stitching in her past time. Until 3 months ago, her son would send out emails to complain about the care and his mom not being engaged.

That was then...Gone are those days.

Success Story (continuation)

- ☞ Her smiles are often seen these days and gone are the “rocking” , “wandering” and staff are now describing this resident as resident who loves to sing gospel songs, enjoys drawing and coloring with her favorite pink colored pens.
- ☞ Recently her son has emailed us an inspiring thank you email. Here are some quotes from his letter email.

Success Story (continuation)

- ❧ “A Big Thank you for my mother’s care. All the staff seem quite different, more caring.”
- ❧ “Noticed from the past 4-5 weeks a change in the level of care. Staff have shown they really care. The staff gives me a detailed report of what’s going on with my mom whenever I visit. My mom has late stage dementia and her care now requires a lot more. I am sure it’s exhausting work so I appreciate when I see the staff engaging with my mom. She is treated with Dignity in a warm and loving manner like she was their mother/ or own family. When I left that evening, I shed a few tears on the drive home because it made me feel so good to know that other people really care about your parent and you can trust them in their care that I do not have to worry.
- ❧ A special thank you for a job well done!

“My Butterfly Home™”
at Lifestyle Options
Retirement Communities



Presented by:

Renate K. Sainsbury

Jennifer Mabugat-Chan



Sustaining a winning culture



How do we keep going?

- ❧ Training : Managers attending sessions and stripping-off “titles” during sessions
- ❧ On controlling care observed : Asking permission from each other
- ❧ Informal and formal meetings with the B.A.S (Being the Star) and H.A.T (Home Action) team

Sustaining a winning culture (Continuation)

- Allowing staff to make mistakes. Be supportive.
- Ensuring that all departments are participating and engaging in this change. Avoid departmentalization and working in silo
- Celebrating success with the team

Heartwarming Story

☞ An 81 year old , male resident , who has late-stage dementia went back to speaking his mother-tongue language, Chinese. He is a retired Accountant, loves to paint and his favorite food was Dim Sum. We learned through his social history when interviewing his family that he had two families. One in China, and one here in Canada. More than 2/3 of his life was spent living in China. His family here in Canada barely knew him when he was diagnosed with Dementia. His family encouraged us not to speak in Chinese or allow him to do what he used to do as this will remind him of his “other family”. The staff had a hard time communicating with him. He kept to himself. He definitely didn't feel at home. Several attempts on trying to leave the household with one involving a team of police in search of him and a number of incidents of expressive behaviors of his discontent of the household he was at. (Sounds familiar?) That was then. . .

Lifestyle Options Retirement Communities Video Sharing

Glimpse of Butterfly Home in Canada

Presented by:

Renate K. Sainsbury

And

Jennifer Mabugat-Chan

